

P05000068020

Quality Assurance Land Title  
12300 Southshore Boulevard  
Suite 218  
Wellington, FL 33414-6237

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

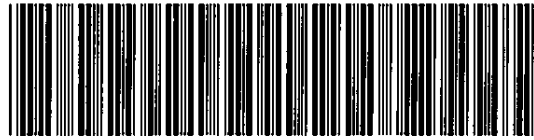
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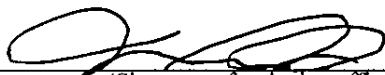
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Margarita<sup>I</sup> Fergile, hereby resign as Manager  
(Title)

of Quality Assurance Land Title, Inc.  
(Name of Corporation)

POS000068020, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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