## P05000109855

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	∋ #′)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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RA Resign.
01/11/06

## **COVER LETTER**

SUBJECT: United TRUGT Title, Inc. (Name of Corporation)
DOCUMENT NUMBER: P05000109855
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Qulima MORAN (Name of Person)
United TRUST Title Inc. (Name of Firm/Company)
13372 SW 128 ST # 202 (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
Zulima Moran at (305) 233-6060 (Name of Person) at (305) 233-6060 (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Amendment Section Division of Corporations

TO:

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, TAINY Peira 1/0 (Name of Registered Agent)
hereby resigns as Registered Agent for United TRUST Title, Inc. (Name of Corporation)
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.  (Signature of Resigning Agent)
If signing on behalf of an entity:
TAIMY Peirallo (Typed or Printed Name)  Registered Agent (Capacity)  TAIMY Peirallo (Typed or Printed Name)  Registered Agent (Capacity)
Z Z

Fee for filing this document:

\$87.50 - Active corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314