

P05000122022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

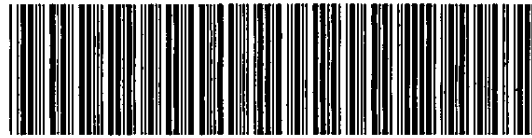
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

*C. Couffette*  
C. Couffette AUG 08 2007

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ALL IN ONE TITLE & ESCROW, WRP.  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000122022

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HORACIO SOSA  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

8750 N.W. 36th St, Ste 425  
(Address)

DORAL, FL 33178  
(City/State and Zip Code)

For further information concerning this matter, please call:

HORACIO SOSA at (305) 205-1978  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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


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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, HORACIO SOSA, hereby resign as DIRECTOR  
(Title)

of ALL IN ONE TITLE & ESCROW, CORP,  
(Name of Corporation)

P05000122022, 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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