P05000137844

(Re	equestor's Name)	
(Ac	ldress)	,
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	= #) ·
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer.		
:		

Office Use Only

DD/KC5 M, 5.30.06



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05/19/06--01020--020 **35.00



OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

RIGOBERTO F VALUES	, hereby resign as(Title)	
of TITLE PUSHERS INC		
(Name	of Corporation)	
P05000137844 (Document Number, if known)	_, a corporation organized under the laws of the State of	
FLORIDA		
X (9)	Signature of resigning officer/director) Resigning officer/director)	

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

FILING FEE IS \$35.00

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