P05000145282

(Re	questor's Name)	
() -		
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
, (Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
, (Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



700139057437

12/19/08--01034--016 **87.50

R.A. Resignation

COVER LETTER

то:	Amendment Section Division of Corporations
SUBJE	ECT: TITON HOMES, INC. (Name of Corporation)
DOCU	MENT NUMBER: <u>P05000145282</u>
The en	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
DEF	RA A. DUBE (Name of Person)
TIT	ON HOMES, INC. (Name of Firm/Company)
901	W. WARREN AVE., STE. 1001
LON	IGWOOD, FL 32750 (City/State and Zip Code)
For fur	ther information concerning this matter, please call:
DEB	(Name of Person) at (407 30 2541 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Mailing Address:

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

<i>;</i>
E.
2000 1/5
RESIGNATION OF REGISTERED AGENT
RESIGNATION OF REGISTERED AGENT FOR A CORPORATION Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Playida Statutes the undersigned DEROA A DIRE
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
rioriua statutes, the undersigned, Jack 171. Data
(Name of Registered Agent)
hereby resigns as Registered Agent for TITON HOMES INC. (Name of Corporation),
P05000145282
(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:

ř

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)