P06000009180

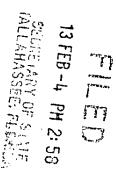
(Re	questor's Name)			
(Address)				
(Address)				
(Cit	ry/State/Zip/Phon	e #)		
· PICK-UP	WAIT.	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				





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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Trump Title & Escrov	w, Inc.
	(Name of Corporation)
DOCUMENT NUMBER: P060	000009180
The enclosed Officer/Director Resig	nation for a Corporation and fee are submitted for filing
Please return all correspondence con	ncerning this matter to the following:
Dora Daoud	
(Name of Perso	on)
Trump Title & Escrow, Inc.	
(Name of Firm/Cor	mpany)
P.O. Box 241	
(Address)	-
Baker, FL 32531	
(City/State and Zip	Code)
For further information concerning t	his matter, please call:
Dora Daoud	at (850) 978-0619 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made	e 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

_T Dora Daoud	, hereby resign as	President, Vice President
*,	, nereby resign as	(Title)
of Trump Title & Escrow, Inc.		,
(Name of Corp	poration)	
P0600009180 , a co	orporation organized un	nder the laws of the State of
Florida		
(Signatur	re of resigning officer/direct	Looud)

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