

PO6000145216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

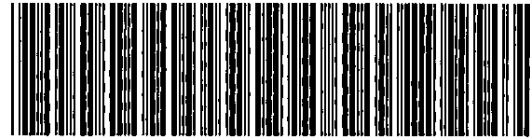
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14 JUL -7 PM 2:17  
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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Trusted Title Company  
(Name of Corporation)

**DOCUMENT NUMBER:** P 06000145216

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

Please return all correspondence concerning this matter to the following:

Aurelio Noya  
(Name of Person)

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

1825 Ponce de Leon Blvd #423  
(Address)

Orlando, FL 33134  
(City/State and Zip Code)

For further information concerning this matter, please call:

Aurelio Noya at (786) 372 7045  
(Name of Person) (Area Code & Daytime Telephone Number)

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

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

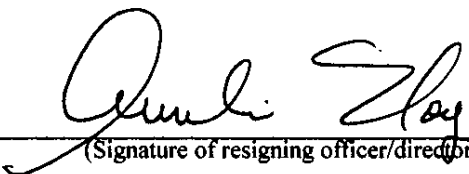
**Street Address:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Aurelio Noya, hereby resign as Director  
(Title)

of Trusted Title Company  
(Name of Corporation)

P 06000145214, 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

FILED  
14 JUL -7 PM 2:17  
TALLAHASSEE, FL 32314