

P070000014765

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(Requestor's Name)

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(Address)

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DIVISION OF CORPORATIONS

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** APPRAISAL X-PRESS OF CENTRAL FLORIDA, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P07000014765

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

Please return all correspondence concerning this matter to the following:

**ROBERT D. THORLTON**

(Name of Person)

**APPRAISAL X-PRESS OF CENTRAL FLORIDA, INC.**

(Name of Firm/Company)

**1727 STREAM AVENUE**

(Address)

**SEBRING, FL 33875**

(City/State and Zip Code)

For further information concerning this matter, please call:

**PEGGY THORLTON**

(Name of Person)

at **(863) 381-1600**

(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  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, ROBERT D. THORLTON, hereby resign as VICE PRESIDENT  
(Title)

of APPRAISAL X-PRESS OF CENTRAL FLORIDA, INC.  
(Name of Corporation)

P07000014765, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

Robert D. Thornton  
(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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