

PD7000003302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

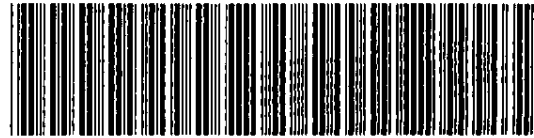
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
11 JAN 12 AM 11:14

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@ 1/13/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: My Title Professionals, Inc
(Name of Corporation)

DOCUMENT NUMBER: P 07000033602

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

Please return all correspondence concerning this matter to the following:

Kristine Spahr
(Name of Person)

My Title Professionals Inc
(Name of Firm/Company)

135 2nd Avenue North, Suite 5A
(Address)

Jacksonville Beach FL 32250
(City/State and Zip Code)

For further information concerning this matter, please call:

Kristine Spahr at (904) 868-8771
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made 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**

I, Kristine Spahr, hereby resign as COO (Title)

of my Title Professionals, Inc,
(Name of Corporation)

007000033602, a corporation organized under the laws of the State of
(Document Number, if known)

Kristine Spahr
(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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