

PI 00000018722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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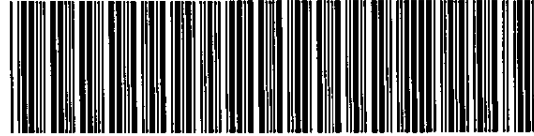
(Business Entity Name)

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NOV 02 2016
C. CARROTHERS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TRUE CONCEPT TITLE, INC.

(Name of Corporation)

DOCUMENT NUMBER: P10000018722

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

Please return all correspondence concerning this matter to the following:

IAN GORMAN

(Name of Person)

TRUE CONCEPT TITLE, INC.

(Name of Firm/Company)

2196 MAIN ST. SUITE B

(Address)

DUNEDIN, FL 34698

(City/State and Zip Code)

For further information concerning this matter, please call:

IAN GORMAN

(Name of Person)

at (727) 287-5849

(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, IAN GORMAN, hereby resign as SECRETARY
(Title)

of TRUE CONCEPT TITLE, INC.
(Name of Corporation)

P10000018722, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

SECRETARY OF STATE
JULIA A. MONTGOMERY

2016 NOV - 1 AM 10:20

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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