

P10000035404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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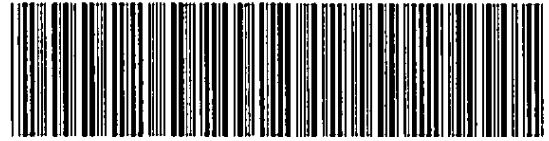
(Business Entity Name)

(Document Number)

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2018 JAN 23 PM 2:28

PH: 5

C. GOLDEN

JAN 24 2018

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ATTORNEYS PREFERRED TITLE INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P10000035404

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

Please return all correspondence concerning this matter to the following:

MICHAEL K. LICHTENFELD  
(Name of Person)

ATTORNEYS PREFERRED TITLE INC  
(Name of Firm/Company)

945 E LAS OLAS BLVD  
(Address)

FORT LAUDERDALE, FL 33301  
(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICIA ANGLERO at ( 954 ) 357-1980  
(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**

FILE

2018 JUL 23 PM 2:28

I, MICHAEL K. LICHTENFELD, hereby resign as DIRECTOR  
(Title)

of ATTORNEYS PREFERRED TITLE INC  
(Name of Corporation)

P10000035404, 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:**