

P11000031339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

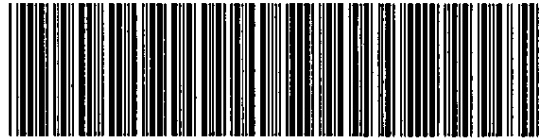
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: National Assurance Title Inc.

(Name of Corporation)

DOCUMENT NUMBER: P11000031339

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

Please return all correspondence concerning this matter to the following:

Paula L. Pautauros

(Name of Person)

National Assurance Title Inc.

(Name of Firm/Company)

13401 McCormick Drive S-B

(Address)

Tampa, FL 33626

(City/State and Zip Code)

For further information concerning this matter, please call:

Paula L. Pautauros

(Name of Person)

at (813) 279-6422

(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

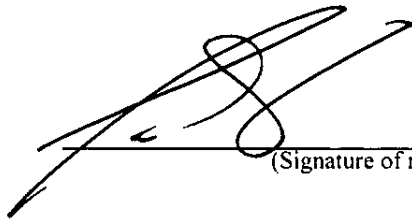
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, James C. Sketch, hereby resign as Vice President
(Title)

of National Assurance Title, Inc.
(Name of Corporation)

P11000031339, 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

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