

P130000084546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800269712858

02/25/15--01016--011 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
2015 FEB 25 AM 11:47

ODRES
@ 2/27/15

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NewCastle Title Services, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P13000084546

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

Please return all correspondence concerning this matter to the following:

Kellie Richards

(Name of Person)

(Name of Firm/Company)

12 S. Clyde Ave.

(Address)

Kissimmee, FL 34741

(City/State and Zip Code)

For further information concerning this matter, please call:

Kellie Richards

(Name of Person)

at (**407**) **518-1008**

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State. *EFF 1/4/15*

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

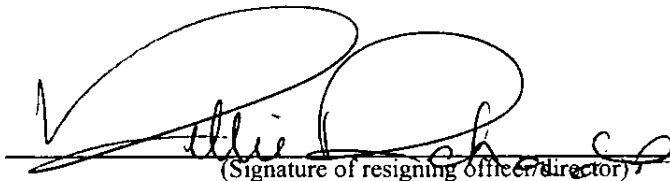
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Kellie Richards, hereby resign as Treasurer
(Title)

of NewCastle Title Services, Inc.
(Name of Corporation)

P13000084546, 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 FEB 25 AM 11:47