

P130000084546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

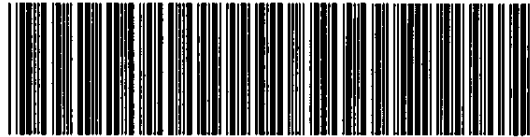
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 FEB 25 AM 11:44

OD/RES
@ 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:

Connie Hall

(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:

Connie Hall

(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, Connie Hall, hereby resign as Vice President and Secretary
(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

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DIVISION OF CORPORATIONS
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