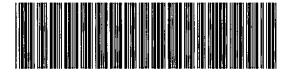
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	(Requestor's Name)		
	(Address)		
	(Address)		
	(City/State/Zip/Phone #)		
PICK-UF	P WAIT MAIL		
<u>,</u>	(Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
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TRANSMITTAL LETTER

Division of Corporations Metro Land Title, Inc., (Name of Corporation) DOCUMENT NUMBER: P14000070995 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Lara Shah, PÁ. (Name of Person) Metro Land Title, Inc. (Name of Firm/Company) 11471 West Sample Rd #40 (Address) Coral Springs, FL 33065 (City/State and Zip Code) For further information concerning this matter, please call: ₋ara S. Shah (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

լ Ishrat Khurshid	, hereby resign as VP	
*,	, nervoy resign us	(Title)
of Metro Land Title, Inc	D	· · · · · · · · · · · · · · · · · · ·
P14000070005	f Corporation) , a corporation organized under the law	s of the State of
Florida		
	-	
	lm flus — (gnature of resigning officer/director)	TICHED SEED OF THE PARTY OF THE
FI	ILING FEE IS \$35.00	PH 3:53

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314