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SECRETARY OF STATE
TALL ARM SSEE STATE

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

B-D-R TITLE CORPO	DRATION
SUBJECT:	(Name of Corporation)
DOCUMENT NUMBER: P9300	0079478
The enclosed Officer/Director Resig	gnation for a Corporation and fee are submitted for filing.
Please return all correspondence cor	ncerning this matter to the following:
Robert M. Kush	
(Name of Pers	on)
(Name of Firm/Co	mpany)
837 Oak Park Drive	
(Address)	
Melbourne, Florida 32940	
(City/State and Zip	Code)
For further information concerning t	this matter, please call:
Robert M. Kush	321 432-4207
(Name of Person)	at () (Area Code & Daytime Telephone Number)
	a market and the Hills of the Domination and of Santa.
Enclosed is a check for \$55,00 made	e payable to the Florida Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations 2661 Executive Center Circle
Tallahassee, FL 32314	Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Robert M. Kush	DT	
1,	, hereby resign as	
	Title)	
B-D-R TITLE CORPORATION	I	
of		
(Nai	ne of Corporation)	
P93000079478		
	, a corporation organized under the laws of the State of	
(Document Number, if known)		
Florida		
)	
	/ .	
$/$ $\nabla \rho \emptyset$	(41 M1 / \111/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	(Signature of resigning officer/director)	
((Signature of resigning officer/director)	
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Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

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