

P94000029602

(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



700170964657

700170964657
03/08/10--01075--012 **35.00

FILED
10 MAR - 8 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

899 Rosegr
C.COULLIETTE

MAR 10 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TITLE AUTHORITY, INC.
(Name of Corporation)

DOCUMENT NUMBER: P94000029602

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

Please return all correspondence concerning this matter to the following:

~~XXXXXXXXXX~~ GLADYS PENA
(Name of Person)

TITLE AUTHORITY, INC.
(Name of Firm/Company)

1565 N. PARK DR. STE 102
(Address)

WESTON FL 33326
(City/State and Zip Code)

For further information concerning this matter, please call:

GLADYS PENA at (954) 217-8250
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Dean Adler, hereby resign as Director
(Title)
of TITLE AUTHORITY, INC.
(Name of Corporation)
P94000029602, 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAR - 8 AM 10:36

FILED