## P9400004127

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
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RECONSTRAINS

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: BND Title Services, Inc.  (Name of Corporation)	·
DOCUMENT NUMBER: P96000064127	
The enclosed Resignation of Registered Agent for a Corporation and	I fee are submitted for filing.
Please return all correspondence concerning this matter to the follow	ving:
Barbara Rojas	
(Name of Person)	
BND Title Services, Inc.	
(Name of Firm/Company)	
10240 Miller Drive #108	
(Address)	
Miami, Florida 33165	
(City/State and Zip Code)	•
For further information concerning this matter, please call:	
Barbara Rojas at ( 305 ) 271-	0417
Barbara Rojas at (305) 271- (Name of Person) (Area Code & Dayti	me Telephone Number)
Enclosed is a check made payable to the Florida Department of Stat	e for \$87.50 for an active corporation

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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ns ou/.0302(2), o1/.0302(2), ou/.1309, of o1/.1309,
Florida Statutes, the undersigned, _	Barbara N. Rojas
	(Name of Registered Agent)
hereby resigns as Registered Agent	for BND Title Services, Inc.
, 18 1 m 1 18 m 1 1 1 1 1 1 1 1 1 1 1 1 1	(Name of Corporation)
P96000064127	
(Document Number, if known)	<del></del>
A copy of this resignation was maile	ed to the above listed corporation at its last known address.
The agency is terminated and the of this statement is filed.	ffice discontinued on the 31st day after the date on which
	(Signature of Resigning Agent)
If signing on behalf of an entity:	·
Barbara Rojas	\$
	(Typed or Printed Name)
	o Kr
President	Capacity)
- 11-11-12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	(Capacity)
	26 3
	<b>"</b>

## Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314