

P98000059489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

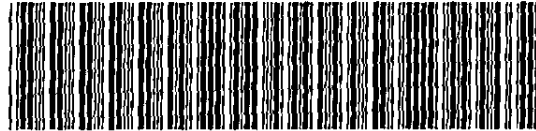
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/11/05--01035--004 **140.00

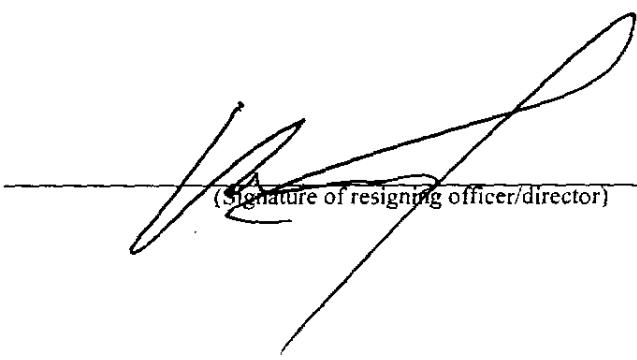
*Off Receipt
T. L. L. L.*

FILED
05 MAR 11 PM 9 42
FBI - MEMPHIS

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
05 MAR 11 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Brian Kupelawitz, hereby resign as an officer / Director
(Title)
of South Florida Title Insurers of Broward County, Inc
(Name of Corporation)
P9800059489, 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