

P98000103033



Post Office Box 025620
Miami, Florida 33102-5620

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

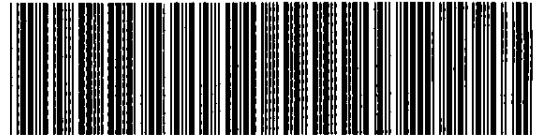
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900189034449

900189034449
12/30/10--01010--026 **87.50

RECEIVED
12/30/10
10 DEC 30 AM 11:19

10 DEC 30 AM 11:19

RECEIVED
12/30/10
10 DEC 30 AM 11:19

ppresign
1/6/11
TC

December 24, 2010

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


Re: City National Title Insurance Agency, Inc.

Gentlemen:

Enclosed please find a Resignation of Registered Agent for a Corporation, together with the required Cover Letter. Please amend the records to show the resignation of the Registered Agent you have on file. We are enclosing our check in the sum of \$87.50 payable to Florida Department of State covering the filing fee.

Thank you.

Very truly yours,



Gloria Pelaez-Caboudi
Legal Assistant

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CITY NATIONAL TITLE INSURANCE AGENCY, INC.
(Name of Corporation)

DOCUMENT NUMBER: _____

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

S. MARSHALL MARTIN, ESQ.

(Name of Person)

CITY NATIONAL BANK OF FLORIDA

(Name of Firm/Company)

25 WEST FLAGLER STREET

(Address)

MIAMI, FLORIDA 33130

(City/State and Zip Code)

For further information concerning this matter, please call:

S. MARSHALL MARTIN at (305) 577-7460

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, WILLIAM E. SHOCKETT

(Name of Registered Agent)

hereby resigns as Registered Agent for CITY NATIONAL TITLE INSURANCE AGENCY,
(Name of Corporation)

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

WILLIAM E. SHOCKETT

(Typed or Printed Name)

RESIGNING REGISTERED AGENT

(Capacity)

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

APPROVED
10 DEC 30 AM 11:19
FILED
STATE OF FLORIDA
DIVISION OF CORPORATIONS