V54808

(Requ	estor's Name)	
(Addre	ess)	
(Address)		
(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nar	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



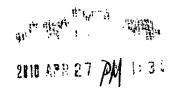
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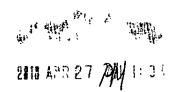
MAY 01 2018

C MCNAIR



COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: ACTION LA	ND TITLE, IN	NC.	
SOBJECT.	(Name of Corpor	ation)	
DOCUMENT NUMBER: V548	608		
The enclosed Resignation of Regis	tered Agent for a Corpo	pration and fee are submitted for filing.	
Please return all correspondence co	oncerning this matter to	the following:	
Harroll Castle			
(Name of Per	son)		
(Name of Firm/C	ompany)	_	
4497 Highway 20 \	N		
(Address)	1		
Freeport, FL 32439)		
(City/State and Z	ip Code)	_	
For further information concerning	this matter, please call	:	
Harroll Castle	at (850_	₁ 585-6598	
(Name of Person)	(Area Co	de & Daytime Telephone Number)	
Enclosed is a check made payable or \$35.00 for an administratively d	to the Florida Departme issolved, voluntarily di	ent of State for \$87.50 for an active conssolved or withdrawn corporation.	rporation
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporat Post Office Box 632 Tallahassee, FL 323	7	



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, LAWRENCE KEEFE
(Name of Registered Agent)
hereby resigns as Registered Agent for ACTION LAND TITLE, INC.
(Name of Corporation)
V54808
(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:
(Typed or Printed Name)
(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