

LL000158114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2019 JAN 30 PM 3:15  
TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF REVENUE

D. BRUCE  
FEB 07 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CENTURION TITLE SERVICES, LLC.  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

RUBEN E. DORTA  
(Contact Person)

RUBEN E. DORTA, P.A.  
(Firm/Company)

6011 WEST 16 AVENUE  
(Address)

HIALEAH, FL 33012  
(City/State and Zip Code)

For further information concerning this matter, please call:

RUBEN E. DORTA at ( 305 ) 557-3332  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:  
 \$25 Filing Fee  \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

FILED  
2019 JAN 30 PM 9:16  
TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF STATE



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: CENTURION TITLE SERVICES, LLC.

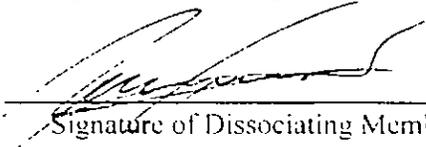
2. The Florida document/registration number assigned to this limited liability company is:  
L16000158114

3. The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_

4. I, DOKIMOS LLC, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

AMBR  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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2019 JAN 30 PM 3:16  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA