

A01000001154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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04/20/09--01007--006 **62.50

03/16/09--01034--001 **225.00

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2009 APR 17 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
4-20-09
EXAMINER

CORRECTED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Premier Title Affiliates, LLLP
(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A01000001154

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Richard Yankowski Jr
(Contact Person)

Stewart Title Company
(Firm/Company)

18501 Murdock Circle #403
(Address)

Port Charlotte FL 33948
(City, State and Zip Code)

For further information concerning this matter, please call:

Richard Yankowski Jr at (941) 255-0377
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for:

☒ \$87.50 Filing Fee ☐ \$140.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 17, 2009

RICHARD YANKOWSKI JR
STEWART TITLE COMPANY
18501 MURDOCK CIR 403
PORT CHARLOTTE, FL 33948

SUBJECT: PREMIER TITLE AFFILIATES, LLLP
Ref. Number: A01000001154

We have received your document for PREMIER TITLE AFFILIATES, LLLP and your check(s) totaling \$225.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a LIMITED PARTNERSHIP. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 209A00009073

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2009 APR 17 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**RESIGNATION OF REGISTERED AGENT
FOR
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

Hickman, Harold, hereby resigns as
(Name of Registered Agent)

Registered Agent for Premier Title Affiliates, LLLP
(Name of Limited Partnership or Limited Liability Limited Partnership)

A01000001154
(Florida Document Number, if known)

The agent is terminated on the 31st day after the date on which this statement is filed by the Florida Department of State.

[Signature]
Signature of Registered Agent

If signing on behalf of an entity:

Harold Hickman
Typed or Printed Name

Capacity

Filing Fee:

\$87.50

Certified Copy (optional): \$52.50