## A1000000565

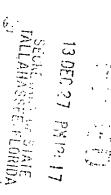
(Re	questor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

TO: Registration Division o	n Section f Corporations			
	n Title & Escrow, e of Florida Limited Partner		mited Partnership)	
The enclosed State	ement of Termination ar	nd fee(s) are submitted	for filing.	
Please return all co	orrespondence concerni	ng this matter to:		
Paul M. Pante	ozzi, II			
	(Contact Person)			
KEL Attorney	s, PLLC			
	(Firm/Company)			
111 N. Magne	olia Ave. Ste. 160	0		
	(Address)			
Orlando, FL 3	32801			
	(City, State and Zip Code)			
For further inform	ation concerning this m	atter, please call:		
Paul M. Pant	ozzi, II	at (407 ) 51	3-1900 Daytime Telephone Number)	
(Name o	f Contact Person)	(Area Code and I	Daytime Telephone Number)	
Enclosed is a chec	k for the following amo	ount:		
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	\$113.75 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDR		MAILING A		
Registration Section			Registration Section	
Division of Corporations			Division of Corporations	
Clifton Building 2661 Executive Center Circle		P. O. Box 6327 Tallahassee, FL 32314		
Tallahassee, FL 3		i aiianassee,	FL 32314	

## STATEMENT OF TERMINATION FOR

Titan Title & Escrow, LLLP		
(Name of Florida Limited Pa	artnership or Limited Liability Limited	! Partnership)
Pursuant to the provisions of section partnership or limited liability limited. Florida Department of State on Statement of Termination.		
The limited partnership or limited li its affairs and wishes to file a staten		completed winding up
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person appointed pursuant	. to
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	13 DEC 27 PHIS
		<u> </u>