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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STATE

COVER LETTER

Division of Corporations
SUBJECT: BEST EVER TITLE SERVICES L.L. C (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
KENT RUNNELLS (Contact Person)
BEST EVER TITLE SERVICES L.L.C. (Firm/Company)
101 MAIN STREET SUITE A
SAFETY HARBOR FL 34695 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (727), 726 - 2728 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy
STREET/COURIER ADDRESS: MAILING ADDRESS: Parietarties Sections
Registration Section Registration Section Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



SECRETARY OF STATE TALLAHASSEE FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears of State is: BEST EVER TITLE	
2. This limited liability company was organized under the STATE OF FLORIDA	
3. The Florida document/registration number of this lin	nited liability company is:
4.1, VICTORIA P. BEHM, h	ereby resign as a MGRM (Print Title)
(Print Name of Person Resigning) of this limited liability company and affirm the limite resignation in writing.	
Signature of Resigning Member, Managing Member	or Manager

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: