## L03000018468

(Requestor's Name)					
(Address)					
(Ac	ddress)				
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only

B. KOHR
DEC 17 2012
EXAMINER



200241212772

10/30/12--01008--023 \*\*35.00





November 2, 2012

RENAE DAVIDSON STRÁSNICK **PORTOCOPIE** 128 MARHYA MEDICINE LAKE, MT 59247

SUBJECT: BACKSTREET TITLE INSURANCE AGENCY, LLC

Ref. Number: L03000018468

We have received your document for BACKSTREET TITLE INSURANCE AGENCY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because BACKSTREET TITLE INSURANCE AGENCY, LLC is a limited liability company it cannot use a corporation resignation form.

Please complete, sign, and return the enclosed LLC RESIGNATION form.

Please return 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) 245-6051.

Buck Kohr Regulatory Specialist II

Letter Number: 712A00026743

## **COVER LETTER**

CO	VER LETTER
TO: Registration Section Division of Corporations	THE Insurance Limited Liability Company)  r or manager resignation and fee(s) are submitted for
SUBJECT: Backstreet (Name of	Title Insurance Limited Liability Company)
The enclosed member, managing member filing.	r or manager resignation and fee(s) are submitted for
Please return all correspondence concerni	ing this matter to:
Rence Strasnick (Contact Person)	· .
(Firm/Company)	
128 Marhya Rd. (Address)	
Medicine Lake MT 50 (City/State and Zip Code)	3247
For further information concerning this n	natter, please call:
Renae Strasnick (Name of Contact Person)	at ( 701 ) 570 6864  (Area Code & Daytime Telephone Number)
Enclosed please find a check made payabase \$25 Filing Fee	ole to the Florida Department of State for: ☐ \$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

CR2E079 (5/06)



## 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 Back Street 7:41	as it appears on the	records of the Fl	lorida Department
01 State 13.	111	CINS, MAGNA	y, w	# 50 TO
2. This limited liab	ility company was organiz	zed under the laws o	of;	DEC 14 AV
<b>,</b> ,	ment/registration number	r of this limited liabi	lity company is:	8: 44 E.FLORIDA
of this limited liab	ame of Person Resigning) pility company and affirm	, hereby resi	(F	Print Title)
Signature of Resi	Shemule gning Member, Managing	g Member or Manag	 er	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			