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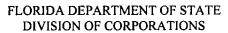


COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: Title Partners of Indian River, LLC
(Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
filing.
Please return all correspondence concerning this matter to:
V
Katherine Schmidgall
(Contact Person)
Security First Title Affiliates, Inc.
(Firm/Company)
780 Carillon Parkway, Suite 150
(Address)
(Address)
St. Petersburg, FL 33716
(City/State and Zip Code)
For further information concerning this matter, please call:
. o
Katherine Schmidgall _{at (727)} 549-3300
(Name of Contact Person) (Area Code & Daytime Telephone Number)
(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: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314
Tallahassee, Florida 32301

CR2E079 (5/06)







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

	the limited liability company as it appears on the records of the Florida Department Title Partners of Indian River, LLC
2. This limited I Florida	iability company was organized under the laws of:
	ocument/registration number of this limited liability company is:
4. I, Security	First Title Affiliates, Inc., hereby resign as a Managing Member
of this limited resignation in	liability company and affirm the limited liability company has been notified of my writing.
TT	
Signature of R	esigning Member, Managing Member or Manager
Filing Fee:	\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)