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(Rec	uestor's Name)	
Baybreeze Title F	artners	
4/00 Allemate 1	9 North Suza	2317
m Harbor, FL المامة	34683	
(City/State/Zip/Phone #)		
PICK-UP	MAIT WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to F	ilina Officer:	
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SECHETARY OF STATE TALLAHASSEE, FLORIDA

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I. Ciara Papas	, hereby resign as Managing Member
	(Title)
of _Baybreeze Title Partners LLC	
(Limited I	Liability Company)
a limited liability company organized under th	ne laws of the State of Florida
and affirm that the limited liability company h	as been notified in writing of the resignation.
	ger, managing member or member)

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314