## L03000052647

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP		MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	
Certified Copies	Certificate:	s of Status
Special Instructions to Filing Officer:		

Office Use Only



300112885343

12/17/07--01040--023 \*\*25.00 \*

OTDEC 17 M 9: 48 RECEIVED

SECRETARY OF STATE OF SIGNED A

SECRETARY OF STATE OF SIGNED A

OTDEC 17 PM 2: 08

BK. 12/18

## **COVER LETTER**

COVER LETTER			
TO: Registration Section Division of Corporations	pany) nation and fee(s) are submitted food.		
SUBJECT: ARM Title Agency, LLC (Name of Limited Liability Com	nany)		
The enclosed member, managing member or manager resignations.	nation and fee(s) are submitted for		
Please return all correspondence concerning this matter to:			
Katherine Schmidgall (Contact Person)			
First American Affiliates, Inc.  (Firm/Company)			
780 Carillon Parkway, Suite 150 (Address)			
St. Petersburg, FL 33716 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Katherine Schmidgall (Name of Contact Person) at (Area Code of Contact Person)	549-3300 Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Description of \$25 Filing Fee \$25 Filing Fee	epartment of State for: 55 Filing Fee & Certified Copy		
Registration Section Division of Corporations Clifton Building	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

er