

**L03000052712**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

*cf \$25.00*



**700143597837**

03/16/09--01034--001    \*\*225.00

**FILED**  
2009 MAR 16 PM 1:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**

**MAR 17 2009**

**EXAMINER**

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Hickman Harold E

(Name of Registered Agent)

, hereby resigns as

Registered Agent for

Secure Close Title Company LLC

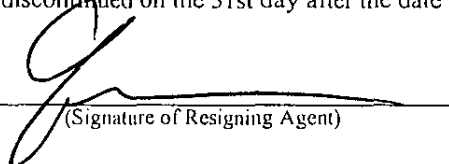
(Name of Limited Liability Company)

LO3000052712

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

### FILING FEES:

\$ 85.00

Active limited liability company

\$ 25.00

Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

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

FILED  
2009 MAR 16 PM 1:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA