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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (DOCument Number)
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COVER LETTER

TO:

Registration Section

Division of Corporations SUBJECT: MARKET TITLE LLC, A FLORIDA LIMITED LIABILITY COMPANY (Name of Limited Liability Company) Dear Sir or Madam: The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: SHERRI R. HELLER (Name of Person) MARKET TITLE LLC (Firm/Company) 18205 BISCAYNE BLVD, SUITE 2205
(Address) AVENTURA, FLORIDA 33181 (City/State and Zip Code) For further information concerning this matter, please call: at (305) 405-0305 (Area Code & Daytime Telephone Number) SHERRI HELLER (Name of Person) 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 Enclosed is a check for the following amount: \$25 Filing Fee **✓**\$55 Filing Fee & Certified Copy CR2E079 (8/05)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, EDWARD P. ROBERTS	hereby resign as MEMBER	
	(Title)	
of MARKET TITLE LLC	,	
(Limited Liability Company)		
a limited liability company organized under the laws of the State of FLORIDA,		
and affirm that the limited liability company has been	n notified in writing of the resignation.	

(Signature of resigning manager, managing member or member)

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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