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A. LUNT

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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Bay Point Title, LLC. (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Thomas Kelly ARE SE
(Contact Person) ARE SEP
(Contact Person) 157 Community Mortgage, Services FLORIDE (Firm/Company)
5700 Crooks R8, 12107
Troy, michigan 48098 (City/State and Zip Code)
For further information concerning this matter, please calk
Thomas Kelly at (248) 813-5995 (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 \$ Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the sof State is:	limited liability company as i	it appears on the records	of the Florid	a Departm	ent _•
2. This limited liabi	lity company was organized	under the laws of:	SECRETAR TALLAHASS	2008 SEP 30	η
FO40	ment/registration number of		STAT	ביה היים ב	
4. I, Come	ame of Person Resigning)	, hereby resign as a	(Print	Title)	_
of this limited liab resignation in wri	pility company and affirm the ting.	e limited liability compar	ıy has been r	otified of i	my
Signature of Resi	gning Member, Managing M	ember or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				