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(Requestor's Na	nme)
(Address)	
(Address)	
(City/State/Zip/F	Phone #)
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(Business Entity	/ Name)
(Document Num	nber)
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Special Instructions to Filing Officer	r:
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SECRETARY OF STATE
AND AN ARSSEF, FLORIDA

J. BRYAN
DEC 1 5 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ESCROW MANAGEMENT SERVICES, 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:	
Celeste Beaupre	
(Contact Person)	2
CG3 (Firm/Company) 3313 20th Road North (Address) Arlington, VA 22207	
(Firm/Company)	=
3313 20th Road North	丑二
(Address)	
Arlington, VA 22207	9
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Celeste Beaupre at (703) 772-6635	
(Name of Contact Person) (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: V \$25 Filing Fee \$55 Filing Fee &	
Certified Copy	
STREET/COURIER ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section	
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32314	

Tallahassee, Florida 32301

CR2E079 (5/06)



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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as ROW MANAGEMENT SEF		s of the Florida Departmen	nt
2. This limited liabil FLORIDA	ity company was organized	under the laws of:		
3. The Florida docur	nent/registration number of	this limited liability con	npany is:	
of this limited liabi	ne of Person Resigning) lity company and affirm the		Manager/Member (Print Title) ny has been notified of my	
resignation in writi	ning Member, Managing Me	/2/12/11 ember or Manager	2011 DEC SECRETA TALLAHA	╗
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		CIL AMII: TARY OF STA HASSEE. FLOR	LED