L04000052125

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL MAIL
(Ві	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
Design		
Y	Office Use On	1



800106889868

08/06/07--01016--005 **25.00

BIVISION OF DEPTHEMENT

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Legal Title & Closing, L.L.C. (Name of Limited Liability Company)	
(Name of Emilied Elability Company)	
The enclosed member, managing member or manager resignation and fee(s) are sfiling.	ubmitted for
Please return all correspondence concerning this matter to:	
Pamela H. Jeeves	
(Contact Person)	
Pamela Herman Jeeves, P.L.	
- (Firm/Company)	
1509 W. Swann Ave., Suite 240-A	
(Address)	
Tampa, FL 33606	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Pamela H. Jeeves at (813) 230-1557	
(Name of Contact Person) (Area Code & Daytime Telephone N	Number)
Enclosed please find a check made payable to the Florida Department of State for	۴۰
\$25 Filing Fee \$55 Filing Fee &	••
Certified Copy	
STREET/COURIER ADDRESS: MAILING ADDRES	SS:
Registration Section Registration Section	
Division of Corporations Division of Corporati	ions
Clifton Building P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 3 Tallahassee, Florida 32301	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

1. The name of the limited liability company as it appears on the reco	ords of the Florida Department
2. This limited liability company was organized under the laws of: Florida	
3. The Florida document/registration number of this limited liability of L0400052125	company is:
4. I, M. Alisandra DeYoung, P.L., hereby resign as	s a Manager (Print Title)
of this limited liability company and affirm the limited liability comresignation in writing.	npany has been notified of my
Olivanoupano	
Signature of Resigning Member, Managing Member or Manager	

SECRETARY UNATION DIVISION OF CURPORATION

Filing Fee: Certified Copy: \$25.00 (Required) \$30.00 (Optional)