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(Re	equestor's Name)			
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BK 12/18

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Preferred Title of Florida, LLC (Name of Limited Liability Compan	ıy)
The enclosed member, managing member or manager resignations	ion and fee(s) are submitted for
filing.	PER TO THE
Please return all correspondence concerning this matter to:	TALLAHASSEE, FLORIE
Katherine Schmidgall	555 B
(Contact Person)	7.5. S.
Security First Title Affiliates, Inc.	OAD T
(Firm/Company)	ア
780 Carillon Parkway, Suite 150	
(Address)	
St. Petersburg, FL 33716	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Katherine Schmidgall at (727)	549-3300
	Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Depa	rtment of State for:
	Filing Fee &
C	Certified Copy
STREET/COURIER ADDRESS: MA	AILING ADDRESS:
	gistration Section
	vision of Corporations
- · · · · · · · · · · · · · · · · · · ·	0. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	lahassee, Florida 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

	the limited liability compa Preferred Title of			s of the Florida Depart	ment
2. This limited Florida	liability company was org	anized under th	e laws of:		
	locument/registration num	aber of this limi	ted liability con	npany is:	
4. I, Security	y First Title Affiliate on Name of Person Resigning)	es, Inc. , her	eby resign as a	Managing Me	<u>m</u> ber
of this limited resignation in	liability company and aff writing.	irm the limited	liability compar	ny has been notified o	f my
Fignature of F	Resigning Member, Manag	ging Member or	- Manager		
Filing Fee:	\$25.00 (Required)				

Certified Copy:

\$30.00 (Optional)