## L04000073707

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer. |
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Office Use Only



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2019 JUNE SEE, FLORIDA

J. BRIGHT FEB 1 0 2005



## SAND LANE TITLE AGENCY OF FLORIDA LLC 18851 NE 29th Avenue Sulte 706 Aventura, FL 33180 (877)380-7263

January 28, 2005

Florida Department of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Dear Sir/Madam:

Re: Sand Lane Title Agency of Florida LLC

Enclosed please find Resignation of manager for the above mentioned LLC. Kindly, process the same and forward proof of same to us in the enclosed self addressed envelope.

The fee of \$25.00 is enclosed herewith.

Sincerely,

Yana Shtindler

Martin SEE FLORING

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGE

| 1, Yana             | Shhin        | dleR         | , here            | eby resig | nas Maua             | ger |
|---------------------|--------------|--------------|-------------------|-----------|----------------------|-----|
|                     |              |              |                   | -         | (Title               | )   |
| or Sand L           | aue          | Title 0      | agency            | of        | Florida              | 110 |
|                     |              | (Limit       | ed Liability Com  | pany)     |                      |     |
| a limited liability | company or   | ganized unde | er the laws of th | ne State  | of Florid            | 9   |
|                     |              |              |                   |           | writing of the resig |     |
|                     |              | If I         | 2                 | _         |                      |     |
| (                   | Signature of | resigning ma | anager, manag     | ing mem   | ber or member)       |     |
|                     | /            | //           |                   |           |                      |     |

## 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