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(Re	equestor's Name)	
(Ac	idr e ss)	
(Address)		
(Cit	ty/State/Zip/Phone	; #)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:All Security Title Services, LLC	
(Name of Limited Liz	bility Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Member	ber or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Zachary B. Broch	
(Name of Person)	
	THE STATE OF THE S
All Security Title Services, LLC	
(Firm/Company)	· 最介于
	SSE
20 Clear Spring Drive	
(Address)	2006 APR-7 PM 4: 39 VINALLAHASSEE, FLORIDA
A 1 NO 00000	19
Asheville, NC 28803	
(City/State and Zip Code)	
For further information concerning this matter, please of	all:
Zach Broch at (305) 632-6733
	rea Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
☑ \$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
CR2E079 (8/05)	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Lisa D. Bell	hereby resign as Manager
	(Title)
of All Security Title Services, LLC	
(Limited I	iability Company)
a limited liability company organized under th	e laws of the State of Florida,
and affirm that the limited liability company h	as been notified in writing of the resignation.
Lisa Bell	
(Signature of resigning mana	ger, managing member 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