L04000)92959

(Requestor's Name)					
(Address)					
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	City/State/Zip/Phone #)				
PICK-UP	☐ WAIT ☐ MAIL				
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B. KOHR

APR 23 2010

EXAMINER

COVER LETTER

CR2E079 (5/06)

TO: Registration Se Division of Co			
SUBJECT: Affiliate	ed Title Services	, LLC	nany)
The enclosed member, filing.	·	-	nation and fee(s) are submitted
Please return all corres	spondence concerning	this matter to:	
Anita Sandel			_
	(Contact Person)		-
Affiliated Title Se			_
	(Firm/Company)		
1435 E. Piedmo	nt Drive, Ste. 110)	-
•	,	er, please call:	-
Anita Sandel		at (850	, 422-1221
	ntact Person)	- at \	& Daytime Telephone Number)
· —	check made payable t Filing Fee		Department of State for: 655 Filing Fee & Certified Copy
STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Cente Tallahassee, Florida 3	ons r Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as i iated Title Services, L		s of the Florida Department
2. This limited liabi Florida	lity company was organized	under the laws of:	
3. The Florida docu L04000092	ment/registration number of t	his limited liability cor 	mpany is:
4. I, Rebecca J. McNeal (Print Name of Person Resigning)		, hereby resign as a	Managing Member (Print Title)
of this limited liab resignation in wri	oility company and affirm the ting.	limited liability compa	ny has been notified of my
	gning Member, Managing Me		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		