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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Atlas Title of FLorida, LLC (Name of Limited Liability Company)		
Dear Sir or Madam:		
The enclosed Resignation of Member, Managing Me	ember or Manager and fee(s) are submitted for filing	
Please return all correspondence concerning this man	tter to the following:	
Scott Ketchum (Name of Person)		
Law Office of Scott M. Ketchum (Firm/Company)		
692 Goodlette Road North (Address)		
Naples, FL 34102 (City/State and Zip Code)		
For further information concerning this matter, pleas	se call:	
Dustin Ketchum (Name of Person)	(<u>954</u>) 689-0650 (Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
✓\$25 Filing Fee	\$55 Filing Fee & Certified Copy	
CR2E079 (8/05)	Сегиней Сору	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Scott M. Ketchum	, hereby resign as Manager
	(Title)
of Atlas Title of Florida, LLC	
(Limited Liability	Company)
a limited liability company organized under the laws	of the State of Florida
and affirm that the limited liability company has bee	n notified in writing of the resignation.
(Signature of resigning manager, manage	anaging 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

CR2E079 (8/05)