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SECRETARY OF STATE

COVER LETTER

Division of Corporations
SUBJECT: RPCITY ADVANTAGE THE LUC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Kirsten Hendricks (Contact Person)
Realty Advantage Title, LCC
505 Winderley Place 15 300
Mai Hand Jl 32751 (City/State and Zip Code)
For further information concerning this matter, please call: Concluding Solution
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy

STREET/COURIER ADDRESS:

Registration Section

TO:

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

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FILED

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SECRETARY OF STATE TALLAHASSEE FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	nited liability company as it appears on the records of the Florida Department
of State is: <u>KQ</u>	CITY Advantage Title, LLC.
2. This limited liability	y company was organized under the laws of:
<u> 40770</u>	·
-	ent/registration number of this limited liability company is:
4. I, Mam	e of Person Resigning), hereby resign as a MOCCIA (Print Title)
of this limited liabil resignation in whiting	ity company and affirm the limited liability company has been notified of my
Mallam	
Signature of Resign	ing Member, Managing Member or Manager
Filing Fee:	\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)