

LD5000033271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

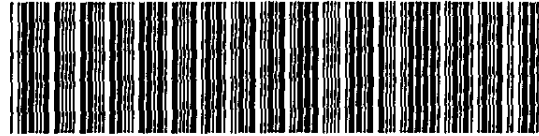
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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N. Culligan SEP - 9 2005

2602 West Cypress Street  
Tampa, Florida 33609  
813-877-5277  
813-877-5266  
Oceandawn@Tampabay.rr.com

**Ocean Title &  
Abstract Inc.**

8/31/05

Florida Dept. of State  
P.O. Box 6327  
Tallahassee, FL 32314

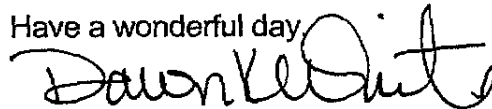
Re: Resignation of Member/ Manager Form

To Whom It May Concern:

Please find attached my executed Resignation Form & money order for \$25.00 to remove any of my interest in Beacon Title Insurance LLC. Please forward confirmation of receipt of this information and proof that I have been removed from this company, as per the Division of Corporations. Please mail this to the address located beneath my signature. Should you have any questions, I may be reached at 727-415-3848.

Thank you for your prompt attention to this matter. I appreciate your assistance.

Have a wonderful day



Dawn K. White  
8402 81<sup>st</sup> Way North  
Largo, FL 33777

Cc: Cheryl Curry/Beacon Title

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, Dawn Knighton-White, hereby resign as Manager  
(Title)

of Beacon Title Insurance LLC, located at 2626 5th Avenue North, St. Petersburg, FL 33713,  
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida,

and affirm that the limited liability company has been notified in writing of the resignation.



(Signature of resigning manager, managing member or member)

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**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