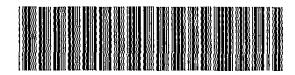
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(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BEACON TITLE INSURAI	NCE LLC mited Liability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing	g Member or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
CHERYL CURRY	
(Name of Person)	
BEACON TITLE INSURANCE LLC	;
(Firm/Company)	
2626 5TH AVENUE NORTH	
(Address)	
ST. PETERSBURG, FL 33713 (City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further information concerning this matter,	please call:
CHERYL CURRY	at (727) 403-0280
(Name of Person)	(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 CR2E079 (8/05)	S55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

, JOHN STRACHAN	, hereby resign as MEMBER (Title)
of BEACON TITLE INSURANCE LLC	
(Limited Liabilit	y Company)
a limited liability company organized under the law	s of the State of FLORIDA
and affirm that the limited liability company has be	en notified in writing of the resignation.
(Signature of resigning manager, r	managing member or member) ALL MASSEE FLOR

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