L05000057088

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	
Certified Copies	Certificate	s of Status
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02/16/06--01024--001 **55.00

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Miller Title & Escrow, LLC (Name of Limited)	Liability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing M	ember or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Michael A. Rojas	
(Name of Person)	
Miller Title & Escrow, LLC	
(Firm/Company)	
10240 Miller Drive #108	
(Address)	
Miami, Florida 33165	
(City/State and Zip Code)	
For further information concerning this matter, please	se call:
Barbara N. Rojas	305 271-0417
(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	S55 Filing Fee & Certified Copy
CR2E079 (8/05)	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Pedro P. Saez	hereby resign as Managing Member_	
	(Title)	
of Miller Title & Escrow, LLC		
(Limited Lie	ability 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 manage	er, managing 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

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