## L0500001085

	(Requestor's Name)				
	(Address)				
	(Address)				
	(Address)				
(City/State/Zip/Phone #)					
PICK-U	P WAIT MAIL				
	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				

Special Instructions to Filing Officer:

L. SELLERS

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**EXAMINER** 

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

## **COVER LETTER**

TO:

CR2E079 (5/06)

Registration Section **Division of Corporations** FLORIDA ELITE TITLE AND ESCROW LLC SUBJECT: (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: JESSICA TENAGLIA (Contact Person) (Firm/Company) 1961 NW 150TH AVENUE SUITE 105 (Address) PEMBROKE PINES, FL 33028 (City/State and Zip Code) For further information concerning this matter, please call: JESSICA TENAGLIA (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section **Registration Section Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

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

	e limited liability company as ORIDA ELITE TITLE AND ESCRO		he Florida Department
2. This limited liab	pility company was organized	under the laws of:	
3. The Florida doc 	ument/registration number of	this limited liability compan	y is:
4. I, JULIO CA	ARBONELL  Name of Person Resigning)	, hereby resign as a <u>MA</u>	NAGER (Print Title)
	bility company and affirm the		
Xul	is albull		
Signature of Res	igning Member, Mahaging M	ember or Manager	
_	\$25.00 (Required) \$30.00 (Optional)		2008 A SECF TALL/