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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

Division of Corporations				
SUBJECT: PREMIER SERVICE TITLE, LLC (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:				
SELMA SCHEVERS				
(Contact Person) REALTY UNLIMITED, INC./GMAC RE (Firm/Company)				
4330 NW FEDERAL HIGHWAY				
JENSEN BEACH, FL 34957 (City/State and Zip Code) For further information concerning this matter, please call:				
SELMA SCHEVERS (Name of Contact Person) at (772) 370-8200 (Area Code & Daytime Telephone Number)				
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: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327				

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301

270



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the l of State is: PRI	imited liability company a	s it appears on the records E TITLE, LLC	of the Florida Department
2. This limited liabi	lity company was organize	d under the laws of:	
3. The Florida docu L0500007	ment/registration number o	of this limited liability com	npany is:
4. I, SELMA S	SCHEVERS ame of Person Resigning)	, hereby resign as a	MGRM (Print Title)
resignation in writ	sility company and affirm to ting dim Russi gning Member, Managing		ny has been notified of my
Signature of years	syling Wylioyr, Wallanging	intermed or intermeder	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		DIVISION 06 DEC

CR2E079 (5/06)