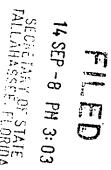
L05000103382

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT ,	MAIL
(Bu	siness Entity Namo	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
		:
		,
	Office Use Only	,



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COVER LETTER

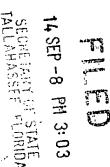
TO: Registration Section			
Division of Corporations			
SUBJECT: Anchor Title Services, LL			
(Name of I	Limited Liability C	ompany)	
The enclosed member, resignation or diss	ociation and fee	(s) are submitted for filing	ng.
Please return all correspondence concerni	ng this matter to):	
Athanasios Komninos			, may
(Contact Person)		<u> </u>	SEC.
			14 SEP -8 PH 3: 03 ECRETARY OF STATE LLAHASSEF FINANCE
(Firm/Company)			
4124 W. Linebaugh Avenue		्री व	H C
(Address)		-	03
Tampa, Florida 33624			
(City/State and Zip Code)			
For further information concerning this m	atter, please cal	1:	
Anthony Fowkes	813	907-7333	
(Name of Contact Person)		de & Daytime Telephone N	Jumber)
Enclosed please find a check made payable \$25 Filing For		•	
\$25 Filing Fee	□ \$55 FIIII	ng Fee & Certified Copy	
STREET/COURIER ADDRESS:		MAILING ADDRES	SS:
Registration Section		Registration Section	
		Division of Corporation	ons
Clifton Building		P.O. Box 6327 Tallahassee, Florida 3	2214
2661 Executive Center Circle		Lalianassee, Florida 3	2.514

Tallahassee, Florida 32301

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	e limited liability company as it a	ppears on the records of the Florida Department
of State is:	hor Title Services, LLC	·
2. The Florida doc L0500010338	_	ned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigne	ed or will withdraw/resign is: 8/1/2014
4. I, Anthony Fowkes (Print Name of Person Resigning)		
(Print)	Name of Person Resigning)	
Managing Me		
	(Print Title)	
of this limited lia resignation in wr		nited liability company has been notified of my
Signature of D	issociating Member or Resigning	, Manager
_	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	