# Florida Department of State

Division of Corporations Public Access System

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Account Number : 119980000090 Phone

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### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

FLORIDA TITLE AGENT MANAGERS, L.L.C.

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M. HODGES

### COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FloridaTitle A	gent Managers, L.L.C.
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Member	er or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Shaneka McDonald (Name of Person)  Broad and Cassel (Fina/Company)  390 N. Drange Ave., Ste. 1100 (Address)  Orlando, FL 32801 (City/State and Zip Code)  For further information concerning this matter, please of	
at (	)
(Name of Person) (A	ea Code & Daytime Telephone Number)
STREET/COURTER 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	☐\$55 Filing Fee &
CR2F079 (8/05)	Certified Copy



# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

. W. Scott Culp	, hereby resign as	Manager	
The second secon		(i'ile)	
of Florida Title Agent	Managers.	L.L.C.	
of Florida Title Agent Managers, L. L.C.  Clamited Liability Company)			
a limited liability company organized under the I	aws of the State of	Florida	
and affirm that the limited liability company has been notified in writing of the resignation.			
(Signature of resigning manager	, 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
Fallahassee, FL 32314

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CR253079 (8/05)