L0600063143

| (Requestor's Name) |
|---|
| |
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| • |
| (Business Entity Name) |
| (Document Number) |
| (========, |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|--|--|
| SUBJECT: AMERICAN TITLE PARTNERS (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: | | |
| SOUN JEREMY LEVINE (Contact Person) | | |
| FIRST FLORIDA TITLE GROUP, INC. | | |
| 328 MINORCA AVE (Address) | | |
| CORAL GABLES, FL 33134 (City/State and Zip Code) | | |
| For further information concerning this matter, please call: | | |
| JEREMY LEVINE at 305 579 - 2001 (Name of Contact Person) (Area Code & Daytime Telephone Number) | | |
| Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy | | |
| STREET/COURIER ADDRESS: MAILING ADDRESS: | | |
| Registration Section Registration Section | | |
| Division of Corporations Clifton Building Division of Corporations P.O. Box 6327 | | |
| 2661 Executive Center Circle Tallahassee, Florida 32314 | | |
| Tallahassee, Florida 32301 | | |

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SECKETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

| | limited liability company as it appears on the records of the Florida Department of the Fortners, UC | ent |
|---|--|---------|
| 2. This limited liab | lity company was organized under the laws of: | |
| Florida | | |
| | ment/registration number of this limited liability company is: | |
| 4. I, <u>INUVA</u> IN (Print N | HO MANAGEMENT, INC; hereby resign as a MGRM (Print Title) | - |
| of this limited lial resignation in wri | oility company and affirm the limited liability company has been notified of meting. | ıy |
| Signature of Resi | gning Member, Managing Member or Manager (SOUREN SARKAR) | |
| | (SOUKEN SARRAR) | |
| _ | \$25.00 (Required) | |
| Certified Copy: | \$30.00 (Optional) | • |