

LO7000051320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALL COUNTIES ABSTRACT, 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:

STANLEY KIMBLE  
(Contact Person)

ALL COUNTIES ABSTRACT, LLC  
(Firm/Company)

16187 73RD TERRACE NORTH  
(Address)

PALM BEACH GARDENS, FL 33418  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(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

☐ \$55 Filing Fee &  
Certified Copy

**STREET/COURIER 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



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SECRETARY 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**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: ALL COUNTIES ABSTRACT, LLC.

2. This limited liability company was organized under the laws of:  
FLORIDA

3. The Florida document/registration number of this limited liability company is:  
L07000051320

4. I, ANITA Z. KIMBLE, hereby resign as a MGRM  
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature] EFFECTIVE 12/31/2008  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

ANITA KIMBLE

16187 73rd Terrace North  
Palm Beach Gardens, FL 33418  
phone: 561-748-6262  
cell: 561-385-8312

December 22, 2008

RE: OFFICIAL LETTER OF RESIGNATION  
FROM ALL COUNTIES ABSTRACT, LLC.

Stanley Kimble  
All Counties Abstract, LLC  
16187 73<sup>rd</sup> Terrace North  
Palm Beach Gardens, FL 33418

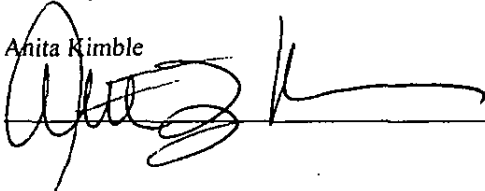
Dear Stanley Kimble,

This letter shall serve as my Official Letter of Resignation as a Managing Member of All Counties Abstract, LLC. This resignation shall become effective as of the close of the business day December 31<sup>st</sup> 2008. This letter shall also serve as confirmation to any lender, business associate, or any other entity upon presentation of a signed copy, of my Official Resignation.

No further power or authority to transact business on behalf of All Counties Abstract, LLC shall be vested in me and I will no longer be responsible personally for any costs, or fees associated with said business. Further, I shall be indemnified and held harmless, by All Counties Abstract, LLC, for any costs, liabilities, fees, which may arise in the future, as a result of any activities I may have been associated with not amounting to any unlawful conduct on my part. This indemnification shall be effective since the inception of All Counties Abstract, LLC. and shall continue to the effective date of this Letter of Resignation.


Sincerely,

Anita Kimble

 , Date 12/22/08

Stanley Kimble, Managing Member of All Counties Abstract, LLC, has received a copy of this letter and has accepted said resignation as of the date shown above.

Stanley Kimble

 , Date 12/22/2008