L070000917124

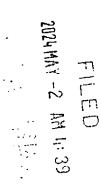
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| J. HORNE MAY 18 2024 |

Office Use Only



800428653548

05/02/24--01040--023 **25.00



COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| Division of Corporations | |
| SUBJECT: Title Resource (Name of Limited L.) | Holding Company, LLC iability Company) |
| The enclosed member, resignation or dissociation | and fee(s) are submitted for filing. |
| Please return all correspondence concerning this r | natter to: |
| Douglas K. MEKON (Contact Person) | |
| Law office of Donglas K. M. (Firm/Company) | Koy P.A. |
| 302-B N. Main ST. (Address) | |
| Trenton FL 32693 (City/State and Zip Code) | |
| For further information concerning this matter, ple | case call: |
| Douglas K. McKon at (| 352 <u>) 490- 4488</u> |
| (Name of Contact Person) (A | Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the | Florida Department of State for: |
| | \$55 Filing Fee & Certified Copy |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 |

Tallahassee, FL 32303





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)

| | limited liability company as it appears on the records of the Florida Department |
|---|--|
| of State is: | Title Resource Holding Company, LLC. |
| | J |
| L07000 | 097724 |
| 3. The date this mer | mber/manager withdrew/resigned or will withdraw/resign is: <u>/2-3/-20</u> 22 |
| 4. I, Douglas M UPrint Na | MEKON, hereby withdraw/resign as a mee of Person Resigning) |
| <u> Membe</u> | Print Title) |
| of this limited liab resignation in writ | ility company and affirm the limited liability company has been notified of my ting. |
| Dans | M/ Mc No |
| Signature of Dis | sociating Member or Resigning Manager |
| Filing Fee: | \$25.00 (Required) |
| Certified Copy: | \$30.00 (Ontional) |