L08000054302

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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SELLERS
OCT -1 2010
EXAMINER

To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZART
Account Number : 076077001702
Phone : (407) 841-1200
Fax Number : (407) 423-1831

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC REGISTERED AGENT RESIGNATION
PREMIUM TITLE AGENCY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$25.00

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TALLAHASSEE, FLORIDA

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10 SEP 30 AM 10:07
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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Dean Mead Services, LLC, hereby resigns as
Name of Registered Agent

Registered Agent for Premium Title Agency, LLC
Name of Limited Liability Company

L08000054502
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Signature of Resigning Agent

If signing on behalf of an entity:

Christopher R. D'Amico
Typed or Printed Name

Vice President
Capacity

FILING FEES:

$ 85.00	Active limited liability company
$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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