

09/29/2010 14:42 FAX 4074231831

Division of Corporations

DEAN MEAD GRIFFIN

001

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**Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : DEAN, MEAD, EGBERTON, BLOODWORTH, CAPOGANO & 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
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Page Count	01
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TALLAHASSEE, FLORIDA

08/28/2010 14:42 FAX 4074231831

DEAN MEAD ORLANDO
(((H10000214755 3)))

002

**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

Name of Registered Agent

, hereby resigns as

Registered Agent for

Premium Title Agency, LLC

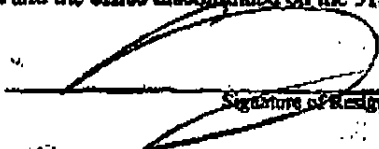
Name of Limited Liability Company

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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 6377
Tallahassee, FL 32314

DNHS17 (08/05)

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