L08000101475

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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12 NOV -6 PM 5: 10
SECRETARY OF STATE
TAULAHASSEE, FLOOR

B. BOSTICK

NOV - 6 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: R. E. Support SERVICE 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:
TERASSA Geach (Contact Person)
Supreme Title Closings
2202 S. Babcock # 201
Melhourne FL 32901 (City State and Zip Code) ARCH NOV TO SECOND 1980
For further information concerning this matter, please call:
TERASSA Geach at 321 725-0155m = (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for. \$\sigma \\$25 \text{ Filing Fee} \\$55 \text{ Filing Fee &}

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Certified Copy

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



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	
of State is: R. E. Support Service LL	<u>. C</u>
2. This limited liability company was organized under the laws of:	
3. The Florida document/registration number of this limited liability company 108000101 L08000101475	is:
4. I. Supreme Title Closing Chereby resign as a	MGRM (Print Tule)
of this limited liability company and affirm the limited liability company has resignation in writing.	been notified of my
Signature of Resigning Member, Managing Member or Manager Filing Fee: \$25.00 (Required)	FIL 12 NOV -6 SEGREJARY ALLIAHASSEE
Certified Copy: \$30.00 (Optional)	OF STATE