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Registration Section

Division of Corporations Foreclosure Research Specialists, LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Andris E Ritums (Contact Person) Foreclosure Research Specialists, LLC (Firm/Company) 1745 Maple Ave (Address) Fort Myers, Florida 33901 (City/State and Zip Code) For further information concerning this matter, please call: 246-1612 Andris E Ritums (Area Code & Daytime Telephone Number) (Name of Contact Person) Exclosed please find a check made payable to the Florida Department of State for: 🛱 \$25 Filing Fee □ \$55 Filing Fee & Certified Copy MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301



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 eclosure Research Spec	as it appears on the records of the Florida Department ialists, LLC
2. The Florida doc-	•	assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/r	esigned or will withdraw/resign is:
4. J.		, hereby withdraw/resign as a
(Print N	Same of Person Resigning)	
MGRM		
	(Print Title)	
of this limited lia resignation in wr		the limited liability company has been notified of my
Signature of D	issociating Member or Res	igning Manager
Filing Fee	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	