L09000097705

(Reque	stor's Name)			
(Addre	ss)			
(Addre	ss)			
(City/S	tate/Zip/Phone #)	"		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status	s		
Special Instructions to Filing Officer:				
	25.W			





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10 APR 22 PM 4: 32

B. KOHR

APR 23 2010

EXAMINER

10 APR 22 PM 4: 56

FILEL SCRETARY OF STATE SIVISION OF CORPORATION

COVER LETTER

CR2E079 (5/06)

•	stration Section sion of Corporations		
SUBJECT:	Affiliated Title Services (Name of Limit	Group, LLC ted Liability Company)	
The enclose filing.		manager resignation and fee(s) are subm	itted
Please return	n all correspondence concerning t	this matter to:	
Anita Sa	ndel		
	(Contact Person)		
Affiliated	Title Services, LLC		
	(Firm/Company)		
1435 E. I	Piedmont Drive, Ste. 110)	
	(Address)		
Tallahas	see, FL 32308		
	(City/State and Zip Code)		
For further i	nformation concerning this matte	er, please call:	
Anita Sa	ndel	at (850) 422-1221	
1)	Name of Contact Person)	(Area Code & Daytime Telephone Numb	oer)
Enclosed plo	ease find a check made payable to \$\sum_{\text{\$\sum}}\$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy	
Registration Division of Clifton Buil 2661 Execu	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 3231	4



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as		of the Florida Department
of State is: ΑΠΙ	liated Title Services C	Froup, LLC	•
2. This limited liab Florida	ility company was organized	under the laws of:	
3. The Florida doci	ument/registration number of	this limited liability con	npany is:
L040009 2	2959 L09000097705	·	
4. I, Tracy M. N	Metcalf	, hereby resign as a	Managing Member
(Print N	ame of Person Resigning)		(Print Title)
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability compar	ny has been notified of my
Danell	mland		
Signature of Resi	igning Member, Managing M	lember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		