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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CALANDRINO LAW FIRM

Account Number : I20090000062 Phone : (407)621-4200

Fax Number : (407)621-4210 **RECEIVED** 

FEB 0.9 2018

\*\*Enter the email address for this business entity to be used for future  $\psi_1$ annual report mailings. Enter only one email address please.\*\*\*

Email Address: Corporations@Florida business low, com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PROMINENCE TITLE & ESCROW, LLC

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FEB 12 2019 J. HARRIS

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## 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)

1. The name of th	e limited liability company as it	t appears on the records of the Flor	rida Department
	ominence Title & Escrow, LLC		
2. The Florida do- L090001199		igned to this limited liability comp	any is:
3. The date this m	ember/manager withdrew/resign	ned or will withdraw/resign is:	/29/2017
Joseph A. C	Inofre		
(Print	Name of Person Resigning)	, hereby withdraw/resign as a	5
member			- ;
<del></del>	(Print Title)		
of this limited lia resignation in w	bility company and affirm the l	imited liability company has been	notified of my
<b>B</b>	g.	7	· 53
	$\langle$		CO No
Signature of D	issociating Member or Resignin	ig Manag⊙r	
	\$25,00 (Required)		
Certified Copy:	\$30.00 (Optional)		