L10000035903

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phone	· #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				





900241517239

11/07/12--01029--005 **55.00

ZBIZ NOV -8 PH 1:57
SECRETARY OF STATE AND SECRETARY OF STATE

J. BRYAN

NOV - 8 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBSECT.	of Limited Liability Company)	•
The enclosed member, managing men filing.	mber or manager resignation and fee(s) are submitted	d for
Please return all correspondence conc	erning this matter to:	
Adried ne (Contact Person)	Prince	13. T
(Firm/Compuny)	TitleLLC	WHO -8 P
710 94 ⁺	'AreN.Ste 305	E.F. 2011
Stefest (City/State and Zip Code	owg, FL33702	P.
For further information concerning th	nis matter, please call:	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made pa	syable to the Florida Department of State for: \$55 Filing Fee & Certified Copy	·
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: 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 of State is:	limited liability company as	it appears on the records	of the Florida Depart	ment 		
2. This limited liabi	ility company was organized FLOR IDA	i under the laws of:				
3. The Florida docu	ument/registration number of	f this limited liability com	pany is:			
4. I, PAT	WEBEC ame of Person Resigning)	, hereby resign as a	MEMBER (Print Title)		VILE	PRES
of this limited liab resignation in wri	oility company and affirm thiting.	e limited liability compan	y has been notified o	fmy		
Hat I	Veher-					,
Signature of Resi	gning Member, Managing N	Member or Manager	SECRE TALLAH	2012 NOV		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		TARY IASSE	N-8		
			E.F.O.	P# =	ED	

CR2E079 (5/06)