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EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 11, 2012

BARBARA SWEET CROSSLAND TITLE SERVICES, LLC 1563 ALFORD PLACE, SUITE 1 JACKSONVILLE, FL 32207

SUBJECT: TRAUTMANN & KLEINDIENST, LLC

Ref. Number: L10000040311

We have received your document for TRAUTMANN & KLEINDIENST, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person resigning and the person signing the resignation documentmust be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 712A00011524

COVER LETTER

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: Trautmann & Kleindienst, LLC	
(Name of Limited Liability Co	mpany)
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Barbara G. Sweet	
(Contact Person)	_
Crossland Title Services, LLC	
(Firm/Company)	_
1563 Alford Place, Suite 1	
(Address)	_
Jacksonville, FL 32207	
(City/State and Zip Code)	- SE
For further information concerning this matter, please call:	CAPR CAHA!
Barbara G. Sweet at 904	<u>858-9501</u>
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida l	Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING 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

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

	limited liability company as utmann & Kleindiens	• •	of the Fiorida Department	
2. This limited liab The State of	ility company was organized of Florida	d under the laws of:		
3. The Florida docu L10000040	nment/registration number o	f this limited liability com	pany is:	
4. I, Stephanie	Kleindienst ame of Person Resigning)	, hereby resign as a _	Member (Print Title)	
of this limited liab resignation in wri	oility company and affirm th		y has been notified of my LAPA APA	******
· · · · · · · · · · · · · · · · · · ·	gning Member, Managing N		8 PH 1: POF SIA SEE, FLOR	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		30. 30.	∵ امردیمت