L12000089661

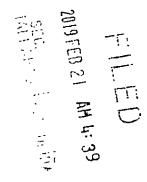
| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



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ALBRITTON



TO: Registration Section

Tallahassee, Florida 32301

CR2E079 (2/14)

COVER LETTER

| Divis | sion of Corporations | | | |
|-----------------------------|-------------------------------------|-----------------------|---|--|
| SUBJECT: | International Title Partners, LLC | | | |
| ocbiler. | (Name of Limited Liability Company) | | | |
| The enclosed | d member, resignation or dissoc | iation and fee(s | s) are submitted for filing. | |
| Please return | all correspondence concerning | this matter to: | | |
| Kelly Keple | r | | | |
| | (Contact Person) | | _ | |
| Internationa | al Title Partners, LLC | | | |
| | (Firm/Company) | | _ | |
| 3000 Gulf t | o Bay Boulevard, Suite 601 | | | |
| | (Address) | | - | |
| Clearwater | , FL 33759 | | | |
| | (City/State and Zip Code) | | _ | |
| For further in | nformation concerning this mat | ter, please call: | | |
| Kelly Keple | er | 727 at (| 461-1007 | |
| (N | lame of Contact Person) | (Area Code | 2 & Daytime Telephone Number) | |
| Enclosed ple | ase find a check made payable | | Department of State for: g Fee & Certified Copy | |
| — 023 1 mm | , , , , | — \$55 i iiiig | gree ac centified copy | |
| | OURIER ADDRESS: | | MAILING ADDRESS: | |
| Registration Section | | | Registration Section | |
| • | | | Division of Corporations | |
| | | | P.O. Box 6327 Tallahassee, Florida 32314 | |
| 2001 Executive Center Chole | | | rananassee, rionda szsif | |





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 as it national Title Partners, LLC | appears on the records of the Florida Department | |
|---|--|--|--|
| 2. The Florida docu L1200008966 | | gned to this limited liability company is: | |
| 3. The date this me | mber/manager withdrew/resign | ed or will withdraw/resign is: | |
| 4. I, David R. Phillips (Print Name of Person Resigning) | | | |
| Manager | | | |
| | (Print Title) | | |
| of this limited lia resignation in wr | - · · · | imited liability company has been notified of my | |
| Signature of Di | ssociating Member or Resignir | g Manager | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | |