2/400013/97

(Re	questor's Name)			
(Ad	dress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phor	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Do	ocument Number)		
Certified Copies	_ Certificate	es of Status		
Special Instructions to Filing Officer:				





500304434155

10/16/17--01016--007 **25.00



COVER LETTER

Registration Section Division of Corporations

TO:

CR2E079 (2/14)

SUBJECT: The Title B (Name of Limited L	oridge. LLC
(Name of Limited L	iability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this n	natter to:
hayas Lyle Lovett (Contact Person)	
The Title Bridge, LL (Firm/Company)	
1217 S US Highway	1792
Casselbery / FL 3273 (City/State and Zip Code)	50
For further information concerning this matter, ple	ease call:
John Sirounis at (2) (Name of Contact Person)	321 <u>960-0703</u>
Enclosed please find a check made payable to the	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallabasses, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. Florida 32314



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 the	limited liability compan	y as it appears on the	e records of the Florida D	epartment
of State is:	he Title	Bridge.	lle	T.
2. The Florida doci	ument/registration numb	er assigned to this lin	nited liability company, is	s: S
	0013197		が、 から、 の。	S
3. The date this me	mber/manager withdrew	//resigned or will wit	hdraw/resign is:	
4.1. John			thdraw/resign as a	
Mana	(Print Title)	·		
of this limited lia resignation in wr		m the limited liabilit	y company has been notif	fied of my
Signature of Di	ssociating Member or R	esigning Manager		
_	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			