

L14 0000 393 46

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

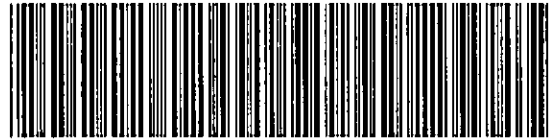
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000343897910

04/30/20--01011--015 \*\*50.00

2020 MAY 30 PM 6:00

FILED

Resignation

MAY 14 2020

I ALBRITTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VERTICA TITLE, LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

PHILLIP B YOST

(Contact Person)

VERTICA TITLE, LLC

(Firm/Company)

1609 W DE LEON STREET 2ND FLOOR

(Address)

TAMPA, FL 33606

(City/State and Zip Code)

For further information concerning this matter, please call:

PHILLIP B YOST

(Name of Contact Person)

at ( 813 )

254-3535

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
2020 APR 30 PM 6:00  
TALLAHASSEE, FL

**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 company as it appears on the records of the Florida Department of State is: VERTICA TITLE, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L14000039346

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04/27/2020

4. I, MAXIMILLIAN A. BOEHMER, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGRM

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)