L14000055754

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

Office Use Only



800261533558

06/16/14--01024--013 **85.00

SECRETARY OF STATE DIVISION OF CORPORATION

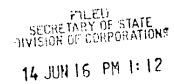
C. LEVIS
JUN 2 5 2014
EXAMINER

COVER LETTER

| • | ion of Corporations | | | |
|--|---------------------------------|-------------------|---|--|
| SUBJECT: | Attorney Advantage Title, LL | С | | |
| | (Name of Limi | ted Liability Cor | mpany) | |
| The enclosed | member, resignation or dissocia | ation and fee(s | s) are submitted for filing. | |
| Please return | all correspondence concerning t | his matter to: | | |
| Ryan Sulte | | | | |
| | (Contact Person) | | _ | |
| Sulte Law F | Firm, PA | | | |
| | (Firm/Company) | | <u></u> | |
| 2906 W. Ba | ay to Bay Blvd. Ste. 100 | | | |
| | (Address) | | _ | |
| Tampa, FL | 33629 | | | |
| | (City/State and Zip Code) | | - | |
| For further information concerning this matter, please call: | | | | |
| Ryan Sulte | | 813 at (| 254-7926 | |
| (Na | ame of Contact Person) | | & 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 | | | | |
| Registration S Division of C Clifton Build 2661 Executi | Corporations | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | |

CR2E079 (2/14)





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 appears on the records of the Florida Department ney Advantage Title, LLC |
|--|---|
| 2. The Florida docu | ment/registration number assigned to this limited liability company is: |
| L14000055754 | • |
| 3. The date this men | mber/manager withdrew/resigned or will withdraw/resign is: 05/27/2014 |
| 4. I, Galyn S. John | |
| | ame of Person Resigning) |
| Manager | |
| | Print Title) |
| of this limited liab resignation in wri | bility company and affirm the limited liability company has been notified of my ting. |
| Signature of Dis | ssociating Member or Resigning Manager |
| | |
| Filing Fee: | \$25.00 (Required) |
| Certified Copy: | \$30.00 (Optional) |