

L4000 147 502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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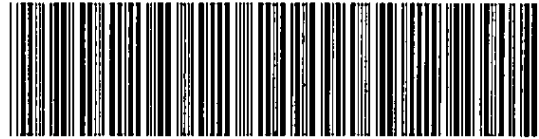
(Business Entity Name)

(Document Number)

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2019 SEP 19 AM 10:09

C. GOLDEN
OCT - 5 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOMELAND TITLE SOURCE, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L14000147502

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JANET NEGRON

Name of Person

HOMELAND TITLE SOURCE, LLC

Name of Firm/Company

1101 MIRANDA LANE, SUITE 111

Address

KISSIMMEE, FLORIDA 34741

City/State and Zip Code

JANET@HOMELANDTITLE.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JANET NEGRON

Name of Person

at (407) 403-6403

Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

ARNALDO MERCADO BOSCH

Name of Registered Agent

, hereby resigns as

Registered Agent for HOMELAND TITLE SOURCE, LLC

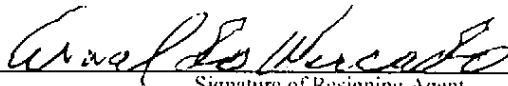
Name of Limited Liability Company

L14000147502

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

ARNALDO MERCADO BOSCH

Typed or Printed Name

Capacity

2019 SEP 19 AM 10:09

FRI SEP 19 2019

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314