

L15 000165607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

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(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

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2023 JAN -3 PM 4:46  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA

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**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

**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: Atlas Title Services, LLC

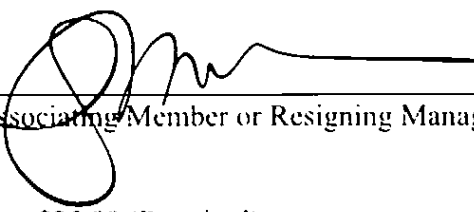
2. The Florida document/registration number assigned to this limited liability company is:  
L15000165607

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/16/22

4. I, Justin Mowitz, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Registered Agent/Authorized Member  
*(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)

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