L15000165607

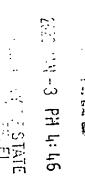
| (Requestor's Name) | | | | | |
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| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
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| (Durings Fath Mann) | | | | | |
| (Business Entity Name) | | | | | |
| | | | | | |
| (Document Number) | | | | | |
| | | | | | |
| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section | | |
|-----------|--|----------------------|--|
| | Division of Corporations | | · |
| SUBJE | Atlas Title Services, LLC | | |
| | | Limited Liability Co | ompany) |
| The enc | closed member, resignation or disso | ociation and fee | (s) are submitted for filing. |
| Please r | return all correspondence concerni | ng this matter to | × |
| Nicole R | appaport | | |
| - | (Contact Person) | | _ |
| Atlas Tit | le Servics | | |
| | (Firm/Company) | | _ |
| 3620 NV | V 43RD STREET, SUITE A | | |
| | (Address) | | _ |
| GAINES | SVILLE, FL 32606 | | |
| | (City/State and Zip Code) | | _ |
| For furt | ther information concerning this m | atter, please call | l: |
| Nicole R | appaport | 352 at (| 533-5035 |
| | (Name of Contact Person) | (Area Cod | de & Daytime Telephone Number) |
| | ed please find a check made payabl Filing Fee | | Department of State for: ng 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

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

| 2. The Florida document/registration number as L15000165607 3. The date this member/manager withdrew/res | |
|---|--|
| 3. The date this member/manager withdrew/res | |
| - | signed or will withdraw/resign is: |
| Justin Mowitz 4. I, | hereby withdraw/resign as a |
| (Print Name of Person Resigning) | |
| Registered Agent/Authorized Member | |
| (Print Title) | |
| of this limited liability company and affirm the resignation in writing. | ne limited liability company has been notified of my |
| | ——— မော် |
| Signature of Diesociating Member or Resig | annig ivianagei المنت المنت المنت المنت |
| Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional) | PH LINE STALL |