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Office Use Only



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SECRETARY OF STATE
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COVER LETTER

_	stration Section sion of Corporations		
SUBJECT:	Oak Harbor Title Services L		
	(Name of Limited Liability Company)		
The enclosed	d member, resignation or dissoci	ation and fee(s	s) are submitted for filing.
Please return	all correspondence concerning	this matter to:	
Nannette M	1artin		
	(Contact Person)		_
Oak Harbo	r Title Services LLC		
	(Firm/Company)		_
151 East C	entral Ave		
	(Address)		_
Lake Wales	s FL 33853		
	(City/State and Zip Code)		_
For further information concerning this matter, please call:			
Nannette I	Martin	863	676-1115 _)
(N	ame of Contact Person)	(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			
Registration Division of C Clifton Build 2661 Execut	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 TROM 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:
2. The Florida document/registration number assigned to this limited liability company is:
L17000189972
3. The date this member/manager withdrew/resigned or will withdraw/resign is:
4. I, Daniel M. Hartzog Jr. (Print Name of Person Resigning), hereby withdraw/resign as a
(Print Name of Person Resigning)
Manager
(Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
AH.
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required)

Certified Copy:

\$30.00 (Optional)