· L18 000 039 094

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

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2022 SEP -9 NIIII: 36

COVER LETTER

	Registration Section Division of Corporations			
1	Division of Corporations			
SUBJE	TITAN RE GROUP LLC			
		imited Liability Co	ompany)	•
The encl	losed member, resignation or disso	ciation and fee	(s) are submitted for filing.	
Please re	eturn all correspondence concernin	g this matter to) :	
GLADE	EL BRUTUS			
	(Contact Person)			
	(Firm/Company)			2022 SEP
	(rimi/company)			SEP
PO BO	X 680249			9
	(Address)		-	
ORLAN	NDO, FL 32818		-	AH II: 36
	(City/State and Zip Code)		_	.
For furth	ner information concerning this ma	tter, please call	l:	
Samue	l Guerrier	407 at (235-6452	
	(Name of Contact Person)		le & Daytime Telephone Number)	
	d please find a check made payable filing Fee		Department of State for: ng Fee & Certified Copy	
	T/COURIER ADDRESS:		MAILING ADDRESS:	
_	tion Section of Corporations		Registration Section Division of Corporations	
Clifton I	•		P.O. Box 6327	
2661 Ex	ecutive Center Circle see, Florida 32301		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		f the Florida I	Departm 	ent
2. The Florida doc L1800003909	ument/registration number as	ssigned to this limited liabil	lity company i	s:	
3. The date this mo	ember/manager withdrew/res	igned or will withdraw/resi	gn is:08/29/2	2022	
GLADEL BR					
AMBR					
	(Print Title)				
of this limited lia resignation in wr	bility company and affirm th iting.	e limited liability company	has been noti	fied of r	ny
10				2022	
Signature of Di	ssociating Member or Resig	ning Manager		2022 SEP -9	
_	\$25.00 (Required)			2	, £
Certified Copy:	\$30.00 (Optional)			=	//