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COVER LETTER

_	stration Section sion of Corporations	
SUBJECT:	SIGNATURE CLOSING SERVICES LLC	
00000	(Name of Limited Liability Co.	mpany)
The enclosed	d member, resignation or dissociation and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter to:	
DEBORAH	BANNON	
	(Contact Person)	
SIGNATUR	RE CLOSING SERVICES LLC	
_ 	(Firm/Company)	_
1314 E. TA	ARPON AVE	_
	(Address)	
TARPON S	SPRINGS, FL 34689	
	(City/State and Zip Code)	_
For further i	information concerning this matter, please call	
DEBORAH	1 BANNON 727	214-4495
()	Name of Contact Person) (Area Cod	e & Daytime Telephone Number)
Enclosed pl	ease find a check made payable to the Florida in gree	Department of State for: g Fee & Certified Copy
Registration Division of Clifton Buil 2661 Execu	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 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 Depar	rtment
of State is:	NATURE CLOSING SER\		<u> </u>
2. The Florida docu L1800005266	-	ssigned to this limited liability companyils:	nonci 2
PORERT RA	NNON	igned or will withdraw/resign is: 10-18-2019, hereby withdraw/resign as a	P.1 P: 03
(Print N	ame of Person Resigning)		
	· · · · ·	ne limited liability company has been notified	ofmy
Signature of Di	issociating Member or Resig	ning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		