L18000235711

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO: Registration Section Division of Corporations		
Viking Title, LLC SUBJECT:		
(Name of Limi	ited Liability C	Company)
The enclosed member, resignation or dissocia	ation and fee	e(s) are submitted for filing.
Please return all correspondence concerning t	this matter to	o:
Katie Everlove-Stone		
(Contact Person)		
(Firm/Company)		
5328 Central Avenue		
(Address)		
St. Petersburg, FL 33707		
(City/State and Zip Code)		
For further information concerning this matte	er, please cal	II:
Katie Everlove-Stone	727 at (471-0675
(Name of Contact Person)		de & Daytime Telephone Number)
Enclosed please find a check made payable to	o the Florida	Department of State for:
■ \$25 Filing Fee	□ \$55 Fili	ing Fee & Certified Copy
Mailing Address:		Street Address:
Registration Section Division of Corporations		Registration Section Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		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 docu L18000235711	ment/registration number	assigned to this limited liability company is	:
3. The date this mer	nber/manager withdrew/re	esigned or will withdraw/resign is: 4/15/2020	<u>.</u>
I. I. Katie Everlove-Si	tone	horoby withdraw/rosion as a	
(Print No	une of Person Resigning)	hereby withdraw/resign as a	
Manager			
(Print Title)		
of this limited liab resignation in wri		he limited liability company has been notifi	ied of my
Va	ton		
Signature of Dis	ssociating Member or Resi	gning Manager	~
			020
Filing Fee:	\$25.00 (Required)		KO)
Certified Copy:	\$30.00 (Optional)		2020 KOV 9
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