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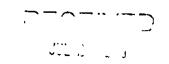
(Requestor's Name)	
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PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	

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COVER LETTER

	Registration Section Division of Corporations		
•	o.v.po.uo.		
SUBJE(The Title Authority LLC		
SOBJE		imited Liability Cor	npany)
The enc	losed member, resignation or disso	ociation and fee(s	s) are submitted for filing.
Please re	eturn all correspondence concernir	ng this matter to:	
Melanie	e Englander		
	(Contact Person)		_
	(Firm/Company)		_
5220 S	University Drive #210C		
	(Address)		_
Davie,	FL 33328		
	(City/State and Zip Code)		_
For furtl	her information concerning this ma	atter, please call:	
Melanie	e Englander	954 at (298-5262
	(Name of Contact Person)		& Daytime Telephone Number)
	d please find a check made payable filing Fee		Department of State for: g Fee & Certified Copy
Registra Divisior Clifton l	T/COURIER ADDRESS: ation Section of Corporations Building secutive Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	ssee, Florida 32301		Tarana de la companya

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 Florontonian of State is: The Title Authority LLC	orida Department
2. The Florida document/registration number assigned to this limited liability com L19000139444	pany is:
3. The date this member/manager withdrew/resigned or will withdraw/resign is:	/26/2019 5
Manager (Print Title)	FR 1 59
of this limited liability company and affirm the limited liability company has bee resignation in writing.	n notified of my
Signature of Dissocrating Member or Resigning Manager	
Filing Fee: \$25.00 (Required)	

Certified Copy: \$30.00 (Optional)