## LZO 0000 81568

(Re	questor's Name)			
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Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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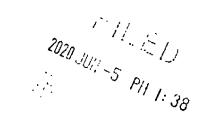
JUN 2 2 2020 LALBRITTON

## **COVER LETTER**

**Division of Corporations** All Florida Title LLC **SUBJECT:** (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Mike Hansen (Contact Person) All Florida Title (Firm/Company) 50 Leanni Way E2 (Address) Palm Coast, FL 32137 (City/State and Zip Code) For further information concerning this matter, please call: Mike Hansen (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

**TO:** Registration Section





## 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 Department	
of State is:	orida Title LLC		·	
2. The Florida docs	ument/registration number	assigned to this limited liability co	ompany is:	
3. The date this me	mber/manager withdrew/r	resigned or will withdraw/resign is:	06/01/2020	
4. I,		, hereby withdraw/resign as	, hereby withdraw/resign as a	
(Print N	lame of Person Resigning)			
Manager				
	(Print Title)	•		
of this limited lia resignation in wr		the limited liability company has b	peen notified of my	
the		· · · · · · · · · · · · · · · · · · ·		
Signature of Di	ssociating Member or Res	igning Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:				