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COVER LETTER

	gistration Section vision of Corporations					
SUBJECT	Title.zone, LLC					
	(Name of	(Name of Limited Liability Company)				
The enclos	sed member, resignation or dis	ssociation and fe	e(s) are submitted for filing.			
Please retu	rn all correspondence concerr	ning this matter t	o:			
Andrea McC	iuire					
	(Contact Person)					
Title zone. L	LC					
•	(Firm/Company)	· · · · · · · · · · · · · · · · · · ·	-			
365 Fifth Av	enue S					
	(Address)					
Naples, FL 34	4102					
<u> </u>	(City/State and Zip Code)		 .			
For further	information concerning this n	natter, please cal	l:			
Andrea McGi	uire	239 at (537-4068			
(1)	Name of Contact Person)	(Area Coo	de & Daytime Telephone Number)			
Enclosed pl □ \$25 Filin	ease find a check made payab ig Fee	le to the Florida \$55 Filin	Department of State for: ng Fee & Certified Copy			

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 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)

1. The name of the of State is:	e limited liability company as it a	ppears on the records of the Flo	orida Department
	cument/registration number assign		pany is:
Androw C. D	Name of Person Resigning)		21/2021
	the line (Print Title) A Company and affirm the line iting. A Company and affirm the line iting. A Company and affirm the line iting.		2021 JEH - 1 AM 9: 07
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		77 102