

L22000470295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

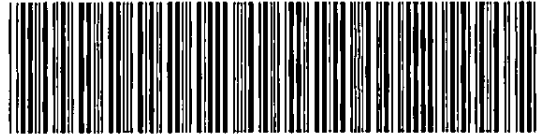
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J DENNIS

MAY 18 2023

Office Use Only



200404397032

03/14/23--01014--027 **85.00

FILED
SECRETARY OF STATE
DEPT OF CORPORATIONS
2023 MAR 14 PM 12:23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Full Circle Title Solutions, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L22000470295

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Laurel Newman
Name of Person

Full Circle Title Solutions
Name of Firm/Company

1540 International pkwy ste 2000
Address

Lake mary FL 32746
City/State and Zip Code

admin@fullcircletitle.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laurel Newman at (407) 942-7530
Name of Person Area Code Daytime Telephone Number

✓ Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

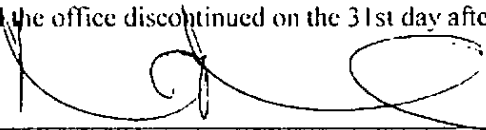
Ana Murillo hereby resigns as
Name of Registered Agent

Registered Agent for Full Circle Title Solutions LLC
Name of Limited Liability Company

L22000470295
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

Ana Murillo
Typed or Printed Name
Registered Agent / Manager
Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314