12200051743

(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					
AUG 1 4 2023					

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COVER LETTER

	on Section of Corporations		•
Division	or Corporations		
SUBJECT: Fort	une Title Group LLC		
30031.01.	(Name of Li	mited Liability Com	ipany)
The enclosed me	mber, resignation or disso	ciation and fee(s) are submitted for filing.
Please return all	correspondence concernin	g this matter to:	
Susan Worline —	OWNER		
	(Contact Person)		-
Fortune Title Group)		
	(Firm/Company)		-
1615 S. Congress A	we., Ste. 103		
	(Address)		-
Delray Beach, FL 3	3445		
	(City/State and Zip Code)		-
For further infor	mation concerning this ma	itter, please call:	WORK: 561-879-8611
Susan Worline (wil	I become registered agent)	630 at (780-0129 <i>Cell</i>
(Name	of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please \$25 Filing Fe	find a check made payable e	e to the Florida D \$55 Filing	Department of State for: 3 Fee & Certified Copy
	tion Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



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 a	s it appears on the records of the Flori	da Department
of State is: Fortui	ne Title Group, LLC		
2. The Florida docu	iment/registration number a	assigned to this limited liability compa	iny is:
L220	00517439	·	
3. The date this me	mber/manager withdrew/re	signed or will withdraw/resign is: 6/23	3/2023
C1 11 1 1 1 1		, hereby withdraw/resign as a	
Registered Agent			
	(Print Title)		
resignation in wr		he limited liability company has been gning Manager	notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		SECRETARY OF S W OF CORPO