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DATE: 11/12/2024

NAME: COMMUNITY FIRST TITLE & CLOSING LLC

TYPE OF FILING: RESIGNATION OF MANAGER

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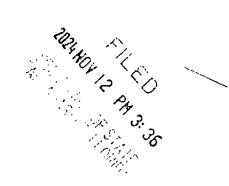
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COVER LETTER

TO: Re	egistration Section	
Di	vision of Corporations	
SUBJECT	Γ: Community First Title & Closing	LLC
	(Name of L	imited Liability Company)
The enclos	sed member, resignation or disso	ociation and fee(s) are submitted for filing.
Please retu	irn all correspondence concernir	ng this matter to:
Dustin Del V	/alle	
	(Contact Person)	
Community i	First Title & Closing LLC	,
	(Firm/Company)	
1950 Lee Roa	ad #105	
	(Address)	
Winter Park,	FL 32789	
	(City/State and Zip Code)	
For further	information concerning this mat	ter, please call:
Dustin Del Va	ille	407 252-9702 at ()
(1)	Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed ple □ \$25 Filin	ease find a check made payable g Fee	to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
Regi Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, 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: Con	ne limited liability company as it appears on the records of the Florida Department
2. The Florida doo L24000354578	cument/registration number assigned to this limited liability company is:
	ember/manager withdrew/resigned or will withdraw/resign is:
ivianager	(Print Title)
of this limited lial resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
Signature of Dis	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)