

L40633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

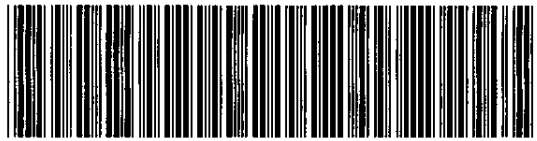
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2009 MAR 11 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Resign.

TB

3/12/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Stewart Title Affiliates (See Attached List)
(Name of Limited Liability Company)

DOCUMENT NUMBER: See Attached

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:

Richard Yankowski Jr
(Name of Person)

Stewart Title Co.
(Name of Firm/Company)

18501 Murdock Circle #403
(Address)

Port Charlotte Florida 33948
(City/State and Zip Code)

For further information concerning this matter, please call:

Richard Yankowski Jr at (941) 255-0377
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
2009 MAR 11 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, _____

Hickman, Harold

(Name of Registered Agent)

hereby resigns as Registered Agent for _____

Stewart Title ~~Company~~ of Broward County

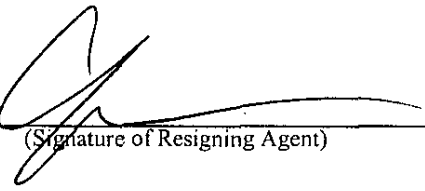
(Name of Corporation)

L40633

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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