

MD4000005498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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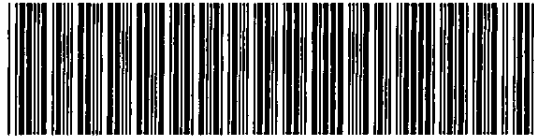
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

L.A. Resign

C. Goulette APR 10 2007

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TOWER CITY TITLE AGENCY, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: M04000005498

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:

MARILYN MANNARINO

(Name of Person)

TOWERRCITY TITLE AGENCY, LLC

(Name of Firm/Company)

6151 WILSON MILLS ROAD

(Address)

HIGHLAND HEIGHTS, OHIO 44143

(City/State and Zip Code)

For further information concerning this matter, please call:

MARILYN MANNARINO

(Name of Person)

at (800) 782-5723 EXT. 111

(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
409 E. Gaines Street
Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

LEVINE & STIVERS

(Name of Registered Agent)

, hereby resigns as

Registered Agent for TOWER CITY TITLE AGENCY, LLC

(Name of Limited Liability Company)

M04000005498

(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)

H B STIVERS

If signing on behalf of an entity:

LEVINE & STIVERS

(Typed or Printed Name)

Partner

(Capacity)

APPROVED
AND
FILED
07 APR -6 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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