# M1100000023345

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SECRETARY OF STATE

C.L. 15

#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: EXPERT TITLE ANDABSTRA	ACT LLC	
	d Liability Com	pany)
The enclosed member, resignation or dissociat	ion and fee(s)	are submitted for filing.
Please return all correspondence concerning th	is matter to:	
James Webb		
(Contact Person)		
Expert Title and Abstract LLC		
(Firm/Company)		
211 Durango Dr STE 612		
(Address)		
Destin FL 32541		
(City/State and Zip Code)		
For further information concerning this matter	, please call:	•
James Webb	800 at (	868-0081
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\square\$ \$\s		
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#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



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### 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:	e limited liability company as #151700	t appears on the records of the Florida Department.
2. The Florida doc M11000023	•	signed to this limited liability company is:
3. The date this me	ember/manager withdrew/resi	gned or will withdraw/resign is:
4. I, Savannah G	Anuae	, hereby withdraw/resign as a
Manager		
<u> </u>	(Print Title)	
of this limited lia resignation in w	• • •	e limited liability company has been notified of my
Signature of D	dissociating Member or Resign	ing Manager A
_	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	