

LD10000006778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

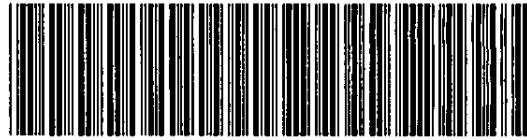
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000265147110

10/15/14--01018--006 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 OCT 15 AM 10:00

FILED

*Le Dis mbe/mgr*

OCT 23 2014

R. WHITE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Asurion Warranty Protection Services of Florida, LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Nikki Brown  
(Contact Person)

Asurion Insurance Services  
(Firm/Company)

8880 Ward Parkway  
(Address)

Kansas City, MO 64114  
(City/State and Zip Code)

For further information concerning this matter, please call:

Nikki Brown at ( 816 ) 237-3073  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:  
 \$25 Filing Fee                       \$55 Filing Fee & Certified Copy

**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



FILED

14 OCT 15 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 as it appears on the records of the Florida Department of State is: Asurion Warranty Protection Services of Florida, LLC.
2. The Florida document/registration number assigned to this limited liability company is:  
L01000006778.
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/15/2014.
4. I, Steve Ellis, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Chief Executive Officer/Manager  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)