

LD 7000005563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

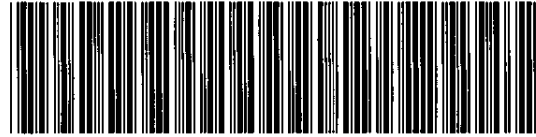
Certified Copies _____ Certificates of Status _____

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A. LUNT
JUL 24 2008
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JUL 23 P 3:24

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 10, 2008

RENE E. COTO, ESQ
5803 NW 151 ST. STE 104
MIAMI LAKES, FL 33014

SUBJECT: EQUIINSURANCE, LLC.
Ref. Number: L07000005563

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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We have received your document for EQUIINSURANCE, LLC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 308A00040692

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Equiinsurance, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Rene E. Coto, Esq.
(Contact Person)

Law Offices of Rene E. Coto
(Firm/Company)

5803 NW 151 ST, STE 104
(Address)

Miami Lakes, FL 33014
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Rene Coto at (305) 777-0740
(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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

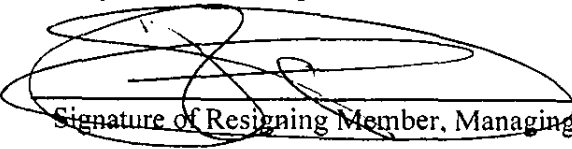
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Equiinsurance, LLC

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company
L07000005563

4. I, Raphael Diaz, hereby resign as a Managing Member
(Print Name of Person Resigning) *(Print Title)*

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



Signature of Resigning Member, Managing Member or Manager

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

FILED
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TALLAHASSEE, FLORIDA