

L07000005563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

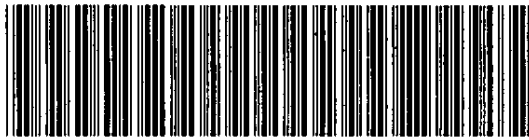
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
A. LUNT
JUL 23 2008
EXAMINER

Office Use Only



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2008 JUL 21 P 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

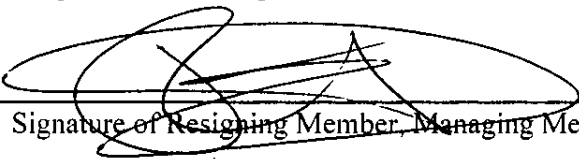
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Equiinsurance, LLC

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

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



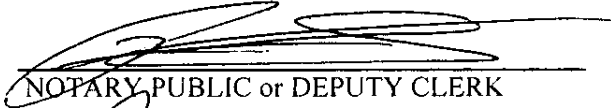
Signature of Resigning Member, Managing Member or Manager

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

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TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF MIAM-DADE

Sworn to or affirmed and signed before me on May 2, 2008 by Frank
Fernandez and Raphael Diaz, who are personally known to me or who [] produced a
_____ as identification.



NOTARY PUBLIC or DEPUTY CLERK

Rene E. Coto

[Print, type, or stamp commissioned name of
notary or clerk.]



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TALLAHASSEE, FLORIDA