

LIZ000074479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

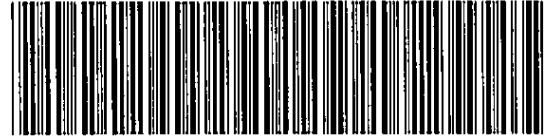
(Business Entity Name)

(Document Number)

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03/03/20--01023- 005 \*\*25.00

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SECRETARY OF STATE  
TALLAHASSEE, FL

JL 10/15/20

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Insurance Hub  
(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:

Cesar Chacon  
\_\_\_\_\_  
(Contact Person)

The Insurance Hub  
\_\_\_\_\_  
(Firm/Company)

5922 Cattlemen Lane  
\_\_\_\_\_  
(Address)

Sarasota, FL 34232  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Cesar Chacon at (941- ) 302-9400  
\_\_\_\_\_  
(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

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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: The Insurance Hub

2. The Florida document/registration number assigned to this limited liability company is:  
L12000074479

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 03/19/2019

4. I, Veerle Picard, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Manager (Never Agreed to be Manager in the cor  
*(Print Title)*

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

Veerle Picard

Signature of Dissociating Member or Resigning Manager

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

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 SEP -3 AM 8:37

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We need to make this effective 3/19/2019. There was never an agreement in writing that I would be a manager and therefore would like to make it effective from the date it became effective. I do not have an association with the Manager Cesar Chacon and no reason to be part of his organization. Thank you.