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(Address)			
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SECRETARY OF STATE

COVER LETTER

Division of Corporations Menzies Insurance LLC SUBJECT: (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: Olga Angulo (Contact Person) YH Holdings LLC (Firm/Company) 934 N University Dr #208 (Address) Coral Springs, FL 33071 (City/State and Zip Code) For further information concerning this matter, please call: Olga Angulo 954 247-4850 (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: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

Registration Section



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)

	he limited liability company as enzies Insurance LLC	it appears on the records of the Florida Department
2. The Florida do	ocument/registration number as	signed to this limited liability company is:
Ulman 1 Mana	:-	igned or will withdraw/resign is:
4. I. (Prin	t Name of Person Resigning)	, hereby withdraw/resign as a
MGR		
· · · · · · · · · · · · · · · · · · ·	(Print Title)	
resignation in v	writing.	e limited liability company has been notified of my
Signature of	Dissociating Member or Resign	ning Manager
Filing Fee:	\$25.00 (Required)	

Certified Copy:

\$30.00 (Optional)