

(Re	equestor's Name)				
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAłL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate	s of Status			
Special Instructions to	Filing Officer:				
£ ·	Office Use Or	nlv ·			



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Lis morman

OCT 23 2014

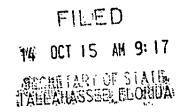
R. WHITE

## **COVER LETTER**

_	stration Section sion of Corporations			
SUBJECT:	Warranty Company of Ame	erica, LLC		
	(Name of Limited Liability Company)			
The enclosed	d member, resignation or disso	ciation and fee(s	a) are submitted for filing.	
Please return	n all correspondence concerning	g this matter to:		
Nikki Brow	n		_	
	(Contact Person)		_	
Asurion Ins	surance Services			
	(Firm/Company)		-	
8880 Ward	l Parkway			
	(Address)		_	
Kansas Cit	y, MO 64114			
	(City/State and Zip Code)		<u></u>	
For further i	nformation concerning this ma	tter, please call:		
Nikki Brow	n	816	237-3073	
(N	Name of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed plants \$25 Filing	ease find a check made payable g Fee		Department of State for: g Fee & Certified Copy	
Registration Division of Clifton Build 2661 Execut	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

CR2E079 (2/14)





## 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)

	e limited liability company a rranty Company of Ameri	as it appears on the records of the F	lorida Department
2. The Florida doc	ument/registration number a	assigned to this limited liability cor	mpany is:
M110000013	88		
3. The date this m	ember/manager withdrew/re	esigned or will withdraw/resign is:	09/15/2014
	Stove Ellie		
(Print i	Name of Person Resigning)	, hereby withdraw/resign as	u
Chief Exec C	Officer/Mgr/President		
<del></del>	(Print Title)		
of this limited lia resignation in w		the limited liability company has be	een notified of my
Thus	Elle		
Signature of D	issociating Member or Resi	gning Manager	
_	\$25.00 (Required)		