L08000071636

(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:

L. SELLERS
2/9/11
EXAMINER

Office Use Only

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FILED
12 FEB -8 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2012

SILVIA M. VALDES
11402 NW 41 STREET, STE. 213
DORAL, FL 33178

SUBJECT: ABS INSURANCE LLC
Ref. Number: L08000071636

We have received your document for ABS INSURANCE LLC and your check(s) totaling $85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with 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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 212A00001669

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABS INSURANCE 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:

SILVIA M VALDES
(Contact Person)

A.B.S. INSURANCE LLC
(Firm/Company)

11402 NW 41 STREET SUITE 213
(Address)

DORAL, FLA. 33178
(City/State and Zip Code)

For further information concerning this matter, please call:

SILVIA M VALDES at (786) 556-4357
(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

CR2E079 (5/06)

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: A.B.S Insurance LLC.

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

_____.

3. The Florida document/registration number of this limited liability company is:
L08000071636.

4. I, Blas Garcia, hereby resign as a Manager
(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)

FEES HAVE BEEN PAID

FILED
12 FEB -8 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E079 (5/06)