<u>816000010</u>

| (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL | | | | |
|---|--|--|--|--|
| (City/State/Zip/Phone #) | | | | |
| | | | | |
| PICK-UP WAIT MAIL | | | | |
| | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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| ا Office Use Only | | | | |



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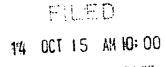
R. WHILL

COVER LETTER

CR2E079 (2/14)

| TO: Regis | stration Section | | |
|---|---|--------------------|---|
| Divis | ion of Corporations | | |
| SUBJECT: | Asurion Warranty Protection | | |
| | (Name of Lim | ited Liability Cor | npany) |
| The enclosed | I member, resignation or dissoci | ation and fee(s | s) are submitted for filing. |
| Please return | all correspondence concerning | this matter to: | |
| Nikki Browr | า | | |
| | (Contact Person) | | _ |
| Asurion Ins | urance Services | | |
| | (Firm/Company) | | _ |
| 8880 Ward | Parkway | | |
| | (Address) | | - |
| Kansas City | y, MO 64114 | | |
| | (City/State and Zip Code) | | _ |
| For further in | nformation concerning this matte | er, please call: | |
| Nikki Browr | 1 | 816 | 237-3073 |
| (N | ame of Contact Person) | (Area Code | & Daytime Telephone Number) |
| Enclosed ple \$25 Filing | ase find a check made payable to g Fee | | Department of State for: g Fee & Certified Copy |
| Registration Division of C Clifton Build 2661 Execut | Corporations · | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |





FLORIDA DEPARTMENT OF STATE LANASSEE FLORIDA DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

| | limited liability company as i | t appears on the records of the Florida Department ervices of Florida, LLC |
|---------------------|---|--|
| | ument/registration number ass | igned to this limited liability company is: |
| 3. The date this me | mber/manager withdrew/resig | gned or will withdraw/resign is: |
| | Chausa Ellia | , hereby withdraw/resign as a |
| | ame of Person Resigning) ve Officer/Manager | |
| | (Print Title) | |
| resignation in wri | iting. | limited liability company has been notified of my |
| 7h | e Ella | |
| Signature of Di | ssociating Member or Resign | ing Manager |
| _ | \$25.00 (Required) \$30.00 (Optional) | |