

LO30000 16188

00789-00524-00671 form LC NOT INC

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

LO3-16188

(Document Number)

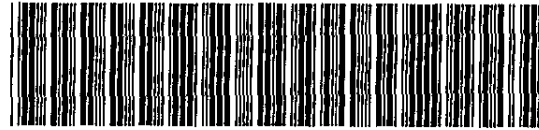
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LO3-16188
JR



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 28, 2006

ANTONIO L. HERNANDEZ
HERNANDEZ INSURANCE LLC
1206 GEMA PL
WINTER SPRINGS, FL 32708

SUBJECT: HERNANDEZ INSURANCE LLC
Ref. Number: L03000016188

We have received your document for HERNANDEZ INSURANCE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached form to resign from this Limited Liability Company, the form submitted is for a Corporation.

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.

Michelle Hodges
Document Specialist

Letter Number: 106A00029788

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HERNANDEZ INSURANCE LLC
(Name of Corporation)

DOCUMENT NUMBER: L03000016188

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Antonio L Hernandez
(Name of Person)

HERNANDEZ INSURANCE LLC
(Name of Firm/Company)

1206 GEMA PL
(Address)

Winters Springs FL 32708
(City/State and Zip Code)

For further information concerning this matter, please call:

Antonio L Hernandez at (907) 463-2315
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Antonio L. Hernandez, hereby resign as MGR
(Title)

of Hernandez Insurance LLC
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida

and affirm that the limited liability company has been notified in writing of the resignation

(Signature of resigning manager, managing member or member)

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TALLAHASSEE, FLORIDA

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FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314