

LO 30000 38764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

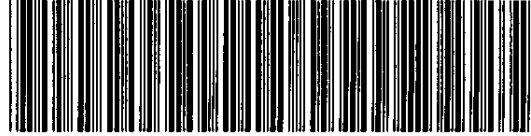
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 10, 2015

GERALDINE FROGET  
11461 SW 103RD AVENUE  
MIAMI, FL 33176

SUBJECT: ROCKWELL INSURANCE SERVICES, LLC  
Ref. Number: L03000038764

We have received your document for ROCKWELL INSURANCE SERVICES, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 615A00023746





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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: ROCKWELL INSURANCE SERVICES, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L03000038764

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/01/2014  
GERALDINE FROGET

4. I, GERALDINE FROGET, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Executive Vice President - EVP  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

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TALLAHASSEE, FLORIDA

Geraldine Froget  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)