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**EXAMINER** 



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SECRETARY OF SECRE

## **COVER LETTER**

TO: Registration Section

CR2E079 (5/06)

Division of Corporations	
SUBJECT: ASSURED Approx	Sal, LLC, Liability Company)
The enclosed member, managing member or mailing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
Kristen Gonzalez (Contact Person)	<del> </del>
ASSURED APPORTUNE CA	Leulated Appraisals
13850 Onerda Drive Sur	ite #C2
Delray Beach, FL 3344 (City/State and Zip Code)	6
For further information concerning this matter,	please call:
Kristen Gonzales a (Name of Contact Person)	t (501) 598-3543 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as	s it appears on the records of the Florida	Departme	ent 
	lity company was organize of Flovida	d under the laws of:		
3. The Florida docu	ment/registration number o	of this limited liability company is:		
·	* - *	hereby resign as a MAN A SI (Prim Ti	ille)	wtner iy
Signature of Resig	gning Member, Managing N	Member or Manager	09	S
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		9 MAR -2 PH 1:5	FULLU SION OF COLUMN AT