

L03000055 465

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

FEB 9 2011

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TermProvider Financial Services, 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:

Josee Paulzak  
(Contact Person)

TermProvider Financial Services, LLC  
(Firm/Company)

348 sw. miracle strip Pkway, Ste 39  
(Address)

Fort Walton Beach, FL 32548  
(City/State and Zip Code)

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11 FEB - 8 PM 12:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Josee Paulzak at ( 850 ) 244-9458, ext 212  
(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



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: TermProvider Financial Services LLC

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

Florida, Okaloosa County

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

L03000055465

4. I, Michael D. Paulzak, hereby resign as a member (MGR)  
(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)

CR2E079 (5/06)



Carolyn J. Engels  
CAROLYN J. ENGELS  
MY COMMISSION # DD 879306  
EXPIRES: July 4, 2013  
Bonded Thru Budget Notary Services

FILED  
11 FEB - 8 PM 12:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA