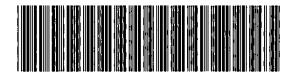
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: FLORIDA CLAIMS CONSULTANTS, 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:
Frederick Antonelli (Contact Person)
(Firm/Company)
PO BOX 2361 (Address)
Palm City FC 34991 (City/Star and Zip Code)
For further information concerning this matter, please call:
Mame of Contact Person)  (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:  MAILING ADDRESS:
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

CR2E079 (5/06)



## 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 Depart of State is: FLORIDA CLAIMS CONSULTANTS			
2. This limited liability company was organized under the laws of:  [ COR DA			
3. The Florida document/registration number of this limited liability company is:  LOYODOL CO 65  4. 1, RLC, BACH, hereby resign as a Managing (Print Name of Person Resigning)  (Print Title)	Men	ıber	-,
of this limited liability company and affirm the limited liability company has been notified resignation in writing.  Signature of Resigning Member, Managing Member or Manager  Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)		07 DEC 24 AH II: 36	

CR2E079 (5/06)