## L04000036/36

| (Ke                     | equestor's Name)   |             |
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|                         |                    |             |
| (Ad                     | ldress)            |             |
|                         |                    |             |
| (Cit                    | ty/State/Zip/Phone | #)          |
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| PICK-UP                 | ☐ WAIT             | MAIL        |
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| (Bu                     | isiness Entity Nam | iej         |
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| (Do                     | cument Number)     |             |
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| Certified Copies        | _ Certificates     | of Status   |
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|                         | Ett. Off.          |             |
| Special Instructions to | Filing Officer:    |             |
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Office Use Only



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SECRETARY OF STATE
ALLAHASSEE, FLORIDA



## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

| 1, JAMES N. MCCONNAUGHHAY , hereby resign as Managing                                 | Member    |
|---|-----------|
| (Tit  | ie)       |
| of First Commercial Claim Services, (Limited Liability Company)                       |           |
| (Ennied Liability Company)  |           |
| a limited liability company organized under the laws of the State ofFlorida_          |           |
| and affirm that the limited liability company has been notified in writing of the res | ignation. |
| De Mala   |           |
| signature of resigning manager, managing member or member)                            |           |

## **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