L04000046110

(Requestor's Name)					
(Address)					
(Hauress)					
(Address)					
(City/State/Zip/Phone #)					
☐ PICK-UP ☐ WAIT ☐ MAIL					
_					
(Business Entity Name)					
(Document Number)					
Cartified Conjec Cartificates of Status					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



600156498376

06/02/09--01009--027 **25.00

FILED
2009 JUN -1 PH 2: 3
SECRETARY OF STAT

JUN 2 2009 EXAMINER

COVER LETTER

ГО:	Registration Section Division of Corporations				
FROM:	Douglas P. Zingler, Esq. Chief Operating Officer/In-House Counsel				
SUBJECT:	Wexler, Wasserman & Associates Insurance Agency, LLC Document #L04000046110.				
The enclosed submitted for	managing member resignation of Brenda Wexler and corresponding fee are filing.				
Please return a	all correspondence concerning this matter to:				
	Douglas P. Zingler (Contact Person)				
Wexler, Wass	erman & Associates Insurance Agency, LLC (Firm/Company)				
	1120 Ponce de Leon Boulevard (Address)				
	Coral Gables, FL 33134 (City/State and Zip Code)				
For further inf	formation concerning this matter, please call:				
	glas P. Zingler at (305) 445-5050 Name of Contact Person) (Area Code and Daytime Telephone Number)				
Enclosed plea Filing Fee.	se find a check made payable to the Florida Department of State for the \$25.00				
	if you need any further information. I look forward to your reply of				

Best Regards,

Douglas P. Zingler, Esq. Chief Operating Officer/In-House Officer



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE. FLORIDA

FILED

2009 JUN - 1 PM 2: 35

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

1. The name of the	e limited liability company as	s it appears on the records	of the Florida Department
of State is:	WEXLER, WASSE	RMAN & ASSOCIATES	INSURANCE AGENCY, LL
2. This limited lial	oility company was organize	d under the laws of:	
FLOR	IDA	·	
-			•
3. The Florida doc	ument/registration number o	f this limited liability com	pany is:
	04611.0	·	
	DA WEXLER Name of Person Resigning)	, hereby resign as a _	MANAGER (Print Title)
of this limited lia resignation in w	ability company and affirm the	ne limited liability compan	y has been notified of my
Erend	e Weple		
Signature of Res	igning Member, Managing N	Member or Manager	