

L04000060346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

L04-60346

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

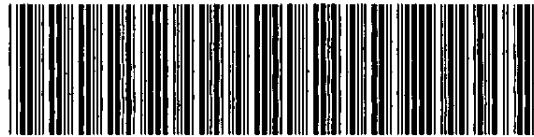
Special Instructions to Filing Officer:

A. LUNT

SEP 17 2008

EXAMINER

Office Use Only



000135105080

09/03/08--01018--021 \*\*70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 SEP 16 P 1:00

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 10, 2008

ROSA TAYLOR  
624 DRIFTWOOD DR.  
LYNN HAVEN, FL 32444

SUBJECT: A TAYLOR INSURANCE LLC  
Ref. Number: L04000060346

We have received your document for A TAYLOR INSURANCE LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 508A00049514

2008 SEP 15 P 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** A Taylor Insurance 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:

Terry L. Taylor  
(Contact Person)

A Taylor Insurance LLC  
(Firm/Company)

1103 Jenks Ave.  
(Address)

Panama City, FL 32401  
(City/State and Zip Code)

For further information concerning this matter, please call:

Terry L. Taylor at (850) 769-8183  
(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

2008 SEP 16 P 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**



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: A Taylor Insurance, LLC

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

\_\_\_\_\_

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

90-0269702

4. I, Rose Mary Cooper, hereby resign as a MEMBER  
(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.

Rose Mary Cooper

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
2008 SEP 16 P 1:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA