

L05000002359

2005 DEC 30 P 3:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TO: Registration Section  
Division of Corporations

2005 DEC 30 P 3: 14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: NATIONAL CLAIMS SERVICES, LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARC SPECTOR

(Name of Person)

NATIONAL CLAIMS SERVICES, LLC

(Firm/Company)

11700 NW 18<sup>th</sup> St.

(Address)

PLANTATION, FL 33323

(City/State and Zip Code)

For further information concerning this matter, please call:

MARC SPECTOR

(Name of Person)

at (954) 445-2220

(Area Code & Daytime Telephone Number)

**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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, Abraham Glickman, hereby resign as Managing Member  
(Title)  
of National Claims Services LLC  
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida

and affirm that the limited liability company has been notified in writing of the resignation.

Abraham Glickman  
(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