

L05000028812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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DIVISION OF CORPORATIONS
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J. BRYAN

DEC 28 2007

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IBCS Fidelity & 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:

H. B. Stivers
(Contact Person)

Levine & Stivers LLC
(Firm/Company)

246 East Virginia Street
(Address)

245 East Virginia Street
(City/State and Zip Code)

For further information concerning this matter, please call:

H. B. Stivers at (850) 222-6580
(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

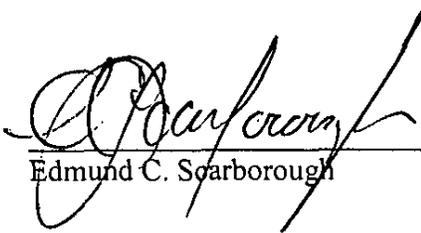
STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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RESIGNATION OF DIRECTOR

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: IBCS Fidelity & Insurance LLC.
2. This limited liability company was organized under the laws of: Florida.
3. The Florida document/registration number of this limited liability company is: L05000028812.
4. I, Edmund C. Scarborough, hereby resign as a director of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Edmund C. Scarborough

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