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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
,
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE DIVISION OF CORPORATION

B. TROTOCK .IUN 15 2006

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LauHron Public Adjusters,LLC. (Name of Lim	ited 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:
Laura Vergara	
(Name of Person)	
LauHron Public Adjusters,LLC.	
(Firm/Company)	
11111 Taft Street	
(Address)	
Pembroke Pines,Fl 33026	
(City/State and Zip Code)	
For further information concerning this matter, pl	lease call:
Laura Vergara	at (786) 286-4834
(Name of Person)	(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 CR2E079 (8/05)	\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

լ _, Ronald Torres	_, hereby resign as MGRM	NUL 30	SECRET DIVISION O
	(Title)	ယ	F C
of LauHron Public Adjusters,LLC.		P) PC
(Limited Liability Company)		ىپ)RAI
a limited liability company organized under the laws of the State of Florida		အ	TONS
and affirm that the limited liability company has be	een notified in writing of the resignation	on.	
Lowform	ough Rondol Torres		
(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