L06000059372

(Re	questor's Name)			
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DIVISION OF CONTORATIONS
15 FEB /8 AH 8: 14

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COVER LETTER

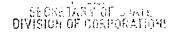
-	stration Section		
Divi	sion of Corporations		,
SUBJECT:	Affordable Insurance & Financial Services,LLC		
		ted Liability Com	pany)
The enclose	d member, resignation or dissocia	ation and fee(s)	are submitted for filing.
Please return	n all correspondence concerning t	his matter to:	
Shawnnes	sy Webster		
	(Contact Person)		•
Affordable	Insurance & Financial Service	s,LLC	
	(Firm/Company)		•
1727 Creig	phton Road		
	(Address)		•
Pensacola	, FL 32504		
	(City/State and Zip Code)		•
For further i	nformation concerning this matte	r, please call:	
Shawnnes	sy Webster	850	525-7698 /850-316-8387
(1)	Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed ple \$25 Filing	ease find a check made payable to g Fee		epartment of State for: Fee & Certified Copy
STREET/C	OURIER ADDRESS:		MAILING ADDRESS:

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314





15 FEB 18 AM 8: 14

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

of State is: Affordable Insurance & Finance	it appears on the records of the Florida Department cial Services, LLC
2. The Florida document/registration number as L06000059372	ssigned to this limited liability company is:
3. The date this member/manager withdrew/res	igned or will withdraw/resign is:
4. I, Kevin Webster (Print Name of Person Resigning)	•
(Print Name of Person Resigning) Member	
(Print Title)	
resignation in writing.	e limited liability company has been notified of my
Kenede	in and the second of the second second in the second section of the second section of the second section of the second section is a second section of the second section of the second section of the second section is a second section of the section of the second section of the section of the second section of the section o
Signature of Dissociating Member or Resign	ning Manager

CR2E079 (2/14)

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)