### Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FOWLER, WHITE, BOGGS, BANKER, P.A.

Account Number : 075410001562 Phone

: (813)228-7411

Fax Number

: (813)228-9401

#### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

#### INNOVATIVE CLAIMS OF FLORIDA, LLC

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Certified Copy	1
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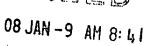
#### **COVER LETTER**

	,
TO: Registration Section Division of Corporations	
SUBJECT: Innovative Claims of Florida	a, LLC
(Name of Limited Lia	
The enclosed member, managing member or managiling.	ger resignation and fee(s) are submitted i
Please return all correspondence concerning this m	atter to:
Stanley K. Kinnett II	
(Contact Person)	
Fowler White Boggs Banker P.A.	· 
(Firm/Company)	
501 E. Kennedy Blvd., Suite 1700	
(Address)	
Tampa, Florida 33602	
(City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
Stanley K. Kinnett II	813 , 222-1119
(Name of Contact Person) (A	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F	
₹25 Filing Fee	\$55 Filing Fee &
·	Certified Copy
STREET/COURIER ADDRESS:	<b>MAILING ADDRESS:</b>
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations
2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	1 angna5500, 1 101 (ua 525 14
CR2E079 (5/06)	

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## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

The name of the limited liability company as it ap of State is: Innovative Claims of Florida	
2. This limited liability company was organized und	er the laws of:
3. The Florida document/registration number of this L06000076248	limited liability company is:
4.1, Steven R. Graziano (Print Name of Person Resigning)	, hereby resign as a member, manager and officer
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.  Signature of Resigning Member, Managing Member or Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	

CR2E079 (5/06)

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