

LA0000076841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

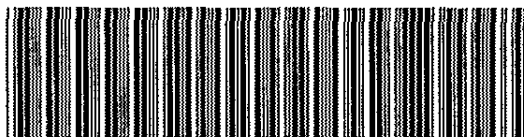
(Business Entity Name)

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DIVISION OF CORPORATIONS
06 SEP 22 PM 4:42

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Americclaim Adjusters, 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:

Mathew D. Rader, President
(Name of Person)

Americclaim Adjusters, LLC
(Firm/Company)

1209 Tech Blvd., Suite 203
(Address)

Tampa, FL 33619
(City/State and Zip Code)

For further information concerning this matter, please call:

Mathew D. Rader at (813) 375-2549
(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

☐ \$55 Filing Fee &
Certified Copy



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Dallas W. Prince, hereby resign as ^{MGM} Vice President
(Title)

of Americclaim Adjusters, 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.

Dallas W Prince
(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

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