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(Business Entity Name)		
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CR2E079 (8/05)

COVER LETTER			
TO: Registration Section Division of Corporations			
SUBJECT: Americain Adjusters LLC (Name of Elimited Liability Company)			
Dear Sir or Madam:			
The enclosed Resignation of Member, Managing N	Member or Manager and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:			
Michael Grasbery (Name of Person)  Americlaim Adjusters LLC (Firm/Company)			
Tampa, FL 33619 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Mithael Graisberg (Name of Person)	at ( <u>N3</u> ) <u>621 – 5400 '</u> (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 &		





## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

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

SECRETARY OF STATE DIVISION OF CORPORATIONS