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* *					
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SECRETARY OF STATE OF CORPORATIONS

J. BRYAN DEC 2 0 2006

COVER LETTER

	stration Section sion of Corporations				
SUBJECT:	Claims H	and ling	Special ity Company)	clists / LC	
The enclosed filing.	d member, managing me	mber or manage	r resignation	and fee(s) are submitt	ted for
Please return	all correspondence con	cerning this mat	er to:		
Dan	Brown (Contact Person)				06 06
	(Contact Person)				DEC 1
	(Firm/Company)				9. PH
5428	SW 156	2nd Place	Circle		06 DEC 19. PH 1: 00
Mian					
For further in	nformation concerning t	uc)	e call:		
	Brown Iame of Contact Person)	at (<u>9</u> ·	7み a Code & Day	835 – 9304 time Telephone Numbe	er)
Enclosed ple	ease find a check made p \$25 Filing Fee	ayable to the Flo	\$55 Fili	nent of State for: ing Fee & fied Copy	
Registration Division of Clifton Build 2661 Execut	Corporations		Regist Divisi P.O. B	tration Section on of Corporations Box 6327 assee, Florida 32314	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

OF OFC 19 PM 1:01

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

	limited liability company as it ap		
of State is:	Claims Handling	Specialists	LLC.
	J		
	ility company was organized und	ler the laws of:	
State	of Florida	_ •	
3. The Florida docu	ument/registration number of this	limited liability compan	y is:
L 06	000 88027	<u>.</u> .	
4.1, <u>Dan</u>	2	м	a Menter
	ame of Person Resigning)	, hereby resign as a	anaging Member (Print Title)
of this limited lia	bility company and affirm the lin	nited liability company ha	as been notified of my
resignation in wr	iting.		
()			
Dan	Brown		
Signature of Res	gning Member, Managing Meml	ber or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		