

LO6000095797

(Requestor's Name)

Insurance Shoppe, Inc.
8530 Los Robles Dr.
Groveland, FL 34736

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

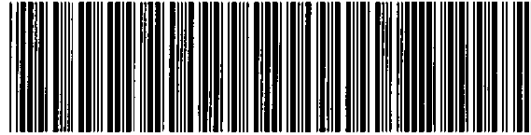
LO6-95797

(Document Number)

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09 SEP 30 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. C. ~~Calhoun~~ SEP 30 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Insurance Connection, Inc.
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

DEBORAH MATOS
(Contact Person)

(Firm/Company)

8530 Los Robles Dr
(Address)

Groveland FL 34736
(City/State and Zip Code)

For further information concerning this matter, please call:

DEBORAH MATOS at (407) 4895204
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee &
Certified Copy

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2009

INSURANCE SHOPPE INC
8530 LOS ROBLES DRIVE
GROVELAND, FL 34736

SUBJECT: THE INSURANCE CONNEXION LLC
Ref. Number: L06000095797

We have received your document for THE INSURANCE CONNEXION LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 009A00029819



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09 SEP 30 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: The Insurance Connexion, LLC

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L 06000095797

4. I, DEBORAH MATOS, hereby resign as a Managing Partner
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Deborah Matos

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)