

LD6000121257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

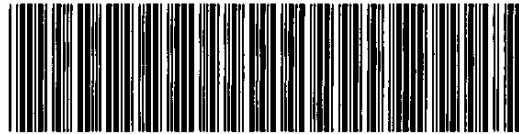
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CA Thomas DEC 19 2007

CHOICE INSURANCE MANAGEMENT, LLC
8201 PETERS ROAD, SUITE 1000
PLANTATION, FL 33324

TELEPHONE: (954) 916-2775

FACSIMILE: (954) 916-2776

December 13, 2007

Division of Corporations
Registration Section
P. O. Box 6327
Tallahassee, FL 32314

Attached, see evidence of letter requesting to change agent to Jean Mitchell at Choice Insurance Management, LLC.

Please remove The Company Corporation effective immediately.
See copy of letter sent advising them I no longer will do business with their firm.

If you have any questions, please contact me at (954) 916-2775

Sincerely,



Jeanie Mitchell
President

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TALLAHASSEE, FLORIDA

CHOICE INSURANCE MANAGEMENT, LLC
8201 PETERS ROAD, SUITE 1000
PLANTATION, FL 33324

TELEPHONE: (954) 916-2775

FACSIMILE: (954) 916-2776

December 13, 2007

The Company Corporation
2711 Centerville Road
Wilmington, DE 19808

Attached, see evidence of the invoice your company has mail to me, do not want you to represent Choice Insurance Management, LLC and longer effective today and I will not be renewing with you.

If you have any questions, please contact me at (954) 916-2775

Sincerely,



Jeanie Mitchell
President

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHOICE INSURANCE MANAGEMENT, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEAN R. MITCHELL
(Name of Person)

CHOICE INSURANCE MANAGEMENT, LLC
(Firm/Company)

8201 PETERS ROAD, SUITE 100
(Address)

PLANTATION, FLORIDA 33324
(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JEAN R. MITCHELL at (954) 916-2775
(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

