## 115000179

| (Re                                     | equestor's Name)   |           |  |  |
|---|--------------------|-----------|--|--|
| (Ac                                     | ddress)            |           |  |  |
| (Ac                                     | ddress)            |           |  |  |
| (Ci                                     | ty/State/Zip/Phone | #)        |  |  |
| PICK-UP                                 | WAIT               | MAIL      |  |  |
| (Bu                                     | usiness Entity Nam | ne)       |  |  |
| (Do                                     | ocument Number)    | ,         |  |  |
| Certified Copies                        | _ Certificates     | of Status |  |  |
| Special Instructions to Filing Officer: |                    |           |  |  |
| Resign                                  |                    |           |  |  |
| reside                                  |                    | •         |  |  |
| Office Use Only                         |                    |           |  |  |



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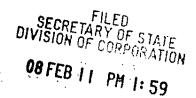
G. MCLEOD FEB 1 2 2008 EXAMINER

## COVER LETTER

| Division of Corporations  |               |
|---|---------------|
| SUBJECT: Term BY OKERS Insurance Ser (Name of Limited Liability Company)                          | <u>111000</u> |
| The enclosed member, managing member or manager resignation and fee(s) are sulfiling.             | omitted for   |
| Please return all correspondence concerning this matter to:                                       | ,             |
| Janamonald (Contact Person)   | ·             |
| Term Brokers Insurance (Firm/Company)   |               |
| 348 S.W Hvacle Strip Ptry Dule 2)   | _             |
| City/State and Zip Code)  Walton, Bch, 71, 32548  |               |
| For further information concerning this matter, please call:                                      | · ·           |
| (Name of Contact Person) at (850) 804-200<br>(Area Code & Daytime Telephone Nu                    | mber)         |
| Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee |               |
| STREET/COURIER ADDRESS: MAILING ADDRESS   |               |
| Registration Section Registration Section   |               |
| Division of Corporations  Clifton Building  Division of Corporation  P.O. Box 6327                | iS            |
| Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32               | 314           |
| Tallahassee, Florida 32301  | <b>ΣΙ,™</b>   |

CR2E079 (5/06)





## 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 li<br>of State is: | mited liability company as it  | appears on the records  LIC SECUTORS  | of the Florida Department |
|---------------------------------------|--------------------------------|---------------------------------------|---------------------------|
|                                       |                                |                                       |                           |
| 2. This limited liabili               | ty company was organized u     | nder the laws of:                     |                           |
| Florida                               |                                |                                       |                           |
| •                                     | ,                              | •                                     |                           |
|                                       | nent/registration number of th | nis limited liability com             | pany is:                  |
| 4. 1, (Print Nan                      | ne of Person Resigning)        | , hereby resign as a _                | MGMR<br>(Print Title)     |
| •                                     | lity company and affirm the l  | imited liability compan               | y has been notified of my |
|                                       |                                | · · · · · · · · · · · · · · · · · · · |                           |
| Signature of Resign                   | ning Member, Managing Me       | mber or Manager                       | •                         |
|                                       |                                |                                       |                           |
| Filing Fee:                           | \$25.00 (Required)             |                                       |                           |
| Certified Copy:                       | \$30.00 (Optional)             |                                       |                           |