## L08000002588

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #	)
PICK-U	P WAIT	MAIL
<del></del>	(Business Entity Name)	<u>"</u>
	(Document Number)	***
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B. KOHR

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**EXAMINER** 

## **COVER LETTER**

for

TO: Registration Section Division of Corporations
SUBJECT: Coull Insulance Services, LLC
(Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitte filing.
Please return all correspondence concerning this matter to:
(Contact Person)
(Contact Person)
Cook Insulance Services, LLC (Firm/Company)
8112 Badger IIV (Address)
New Port Richey F1 34653
(City/State and Zip Code)
For further information concerning this matter, please call:
William Cook at (727) 505-9943
(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 \$ Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



## 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: COUL INSULANCE Services, LLC
2. This limited liability company was organized under the laws of:
3. The Florida document/registration number of this limited liability company is:
L0800000∂588
4. I, DANIE LE COUL, hereby resign as a M6RM (Print Name of Person Resigning) (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my
Signature of Resigning Member, Managing Member or Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)
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