0115046

(Red	questor's Name)
(Add	dress)	····
(Add	dress)	
(City	v/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Na	me)
(Doc	cument Number)
Certified Copies	Certificate	es of Status
Special Instructions to F	Filing Officer:	, .

Office Use Only

G. MCLEOD

EXAMINER



900142975779

02/06/09--01022--002 **55.00

COVER LETTER

Division of Corporations	
SUBJECT: McBride Insurar	Liability Company)
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning thi	s matter to:
Daniel U. Koleos (Contact Person)	
Koleos, Rosenberg & Doyle, 1	P.A.
8211 W. Broward Blvd., PH	14
Plantation, FL 33324 (City/State and Zip Code)	
For further information concerning this matter,	please call:
Daniel J. Koleos at (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	he Florida, Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallabasses, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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 limited liability company as it appears on the records of the Florida Department of State is: McBride Insurance, 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: \[\begin{align*} \to \theta \phi \phi \theta
4. I, David K. McBride , hereby resign as a MGRM (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. Signature of Resigning Member, Managing Member or Manager
0

09 FEB -6 PH 3:

SECNETARY OF STATE

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