

L090000 10935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

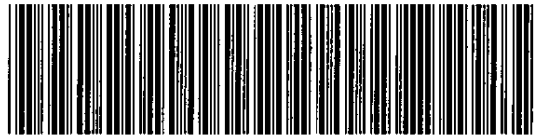
(Business Entity Name)

(Document Number)

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FILED
09 AUG 19 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES
AUG 20 2009
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DIRECT INSURANCE CARE, LLC
(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:

CARY NICHOLS
(Contact Person)

DIRECT INSURANCE CARE, LLC
(Firm/Company)

12515 ORANGE DRIVE SUITE 801
(Address)

DAVIE, FLORIDA 33330
(City/State and Zip Code)

For further information concerning this matter, please call:

CARY NICHOLS at (954) 363-7686
(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

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

09 AUG 19 AM 11:01
FILED
TOLSON
CLERK OF THE FLORIDA
DEPARTMENT OF STATE

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: DIRECT INSURANCE CARE, 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:
L09000010935

4. I, NICOLE NICHOLS, hereby resign as a MGR
(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.

Nicole Nichols
Signature of Resigning Member, Managing Member or Manager

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