

LO90000258419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

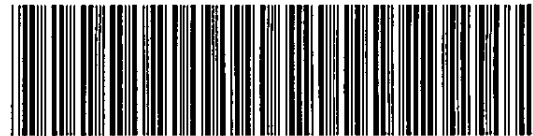
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/13/14--01021--007 **25.00

RECEIVED
DEPARTMENT OF STATE
BUREAU OF CONSUMPTION
2014 MAY 13 PM 3:04
FILED
14 MAY 13 AM 9:01
STOR. 17/11/13 MAIL
TALLAHASSEE, FLORIDA
TO: DIVISION OF
SUFFICIENCY OF FILING

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Dissimbringer

MAY 14 2014

R. WHITE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Claims Strategies Group, LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Hendrik Sienema

(Contact Person)

Claims Strategies Group, LLC

(Firm/Company)

401 East Las Olas Blvd., Unit 130-327

(Address)

Fort Lauderdale, FL 33301

(City/State and Zip Code)

For further information concerning this matter, please call:

Hendrik Sienema

(Name of Contact Person)

at (561) 543-8963
(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



FILED
14 MAY 13 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**
(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Claims Strategies Group, LLC
2. The Florida document/registration number assigned to this limited liability company is:
L09000035849
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/16/2011
4. I, Sophie Sienema, hereby withdraw/resign as a
(Print Name of Person Resigning)
Member / Secretary
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Dissociating Member or Resigning Manager

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