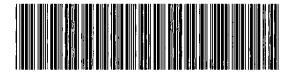
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2019 JUL 24 PM 1: 25

C. LEWIS

JUL 2 7 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AFFINITY INSURANCI	E, LLC
	ited Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted fo
Please return all correspondence concerning	this matter to:
MARK E. HAGER	
(Contact Person)	
MARK E. HAGER, ATTORNEY & (Firm/Company)	& COUNSELOR AT LAW, LC
9350 BAY PLAZA BLVD., SUITE (Address)	120-15
TAMPA, FL 33619	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
MARK HAGER	at (813) 514-4788
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	o the Florida Department of State for: \$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
CR2E079 (5/06)	And the second s



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SEERETARY OF STATE
TALLAHASSEE, FLORID

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	nited liability company as it NITY INSURANCE, I		of the Florida Department
2. This limited liability the State of F	y company was organized u Iorida	nder the laws of:	
3. The Florida docume	ent/registration number of the O2	nis limited liability con	npany is:
4. I. MAYA N. HI	LL	, hereby resign as a	Managing Member (Print Title)
	e of Person Resigning)		(Print Title)
	ty company and affirm the		
Signature of Resign	ing Member, Managing Me	mber or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		

CR2E079 (5/06)