#10900068762

(Re	questor's Name)		
(Address)			
(Address)			
(Cit	y/State/Zip/Phone	<i>⊋#</i>)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
,			
		_	

Office Use Only



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EXAMINER
DEC 3 2010

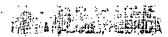
COVER LETTER

Division of Corporations	
SUBJECT: Insuring You, LLC	
	d Liability Company)
The enclosed member, managing member or m filing.	nanager resignation and fee(s) are submitted fo
Please return all correspondence concerning th	is matter to:
Natali Navarro	
(Contact Person)	
Insuring You, LLC	
(Firm/Company)	
13350 NW 42 Ave Suite# 10	
(Address)	,
Opa Locka, Fl 33054	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Natali Navarro	, _{t.(} 786 ₎ 5060125
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t √ \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)



10 DEC -2 PM 3: 42



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as uring You, LLC	it appears on the records of the Florida Departmen
2. This limited liab	ility company was organized	under the laws of:
3. The Florida doc L09000068	_	this limited liability company is:
4. I, Joel E Sanchez (Print Name of Person Resigning)		, hereby resign as a MGR (Print Title)
of this limited lia resignation in wr	bility company and affirm the	limited liability company has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	