(Red	questor's Name)	
(Add	dress) .	
(6.4.		<u> </u>
(Add	dress)	
(City	//State/Zip/Phon	e #)
<u> </u>		_
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	e of Status
Octanos Copios	_ Commodice	
Special Instructions to F	Elling Officer	
Special instructions to r	-iiiig Officer.	
	A.	LUNT
	п	JN -9 2010
:	JC	

Office Use Only



800181656318

06/07/10--01058--014 **25.00

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: DISASTER RELIEF PUB	BLIC ADJUSTER, LLC.	
(. min o. ominion	District Company)	
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are sub	omitted for
Please return all correspondence concerning this	s matter to:	
JUAN D. VAZQUEZ		
(Contact Person)		
DISASTER RELIEF PUBLIC ADJU	STER, LLC	201
(Firm/Company)		
13266 SW 206 TERRACE		BIN THE LEAST SE AIVING TH
(Address)		शिद्ध क
MIAMI, FL 33177		
(City/State and Zip Code)		
For further information concerning this matter, p	please call:	
JUAN D. VAZQUEZ		
(Name of Contact Person)	(Area Code & Daytime Telephone Nur	mber)
Enclosed please find a check made payable to the \$25 Filing Fee	ne Florida Department of State for: \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS	•
Registration Section	Registration Section	
Division of Corporations	Division of Corporation	S
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 323	314

CR2E079 (5/06)

. .



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 SASTER RELIEF PUB			
2. This limited liab FLORIDA	ility company was organized	l under the laws of:		
3. The Florida docu L09000081	ument/registration number of 1251	f this limited liability cor	mpany is:	
4. T KAREL GA	ARCIA	, hereby resign as a	MANAGER	
(Print N	ame of Person Resigning)		(Print Title)	
of this limited lial resignation in wr	bility company and affirm thiting.	e limited liability compa	ny has been notified of my	
Korel	(,		West of the second seco	
Signature of Resi	gning Member, Managing M	lember or Manager		T
				TEX.
Filing Fee:	\$25.00 (Required)		## P	m
Certified Copy:	\$30.00 (Optional)			D