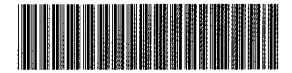
L090000 84578

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Sta	tus
Special Instructions to Filing Officer:	

Office Use Only



200188247122

12/07/10--01003--005 **55.00

COVER LETTER

CR2E079 (5/06)

any)
•
ation and fee(s) are submitted for
615-0065
Daytime Telephone Number)
partment of State for: 5 Filing Fee & Certified Copy
IAILING ADDRESS: egistration Section vivision of Corporations O. Box 6327 allahassee, Florida 32314
1





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		s of the Florida Department
of State is: Affo	ordable Insurers of A	merica LLC	•
2. This limited liab Florida	ility company was organized	l under the laws of:	
3. The Florida doci	ument/registration number of	this limited liability cor	mpany is:
L090000 8		 ·	
4. I. Giuseppe		, hereby resign as a	MGRM
(Print N	ame of Person Resigning)		(Print Title)
of this limited lia resignation in wr	bility company and affirm th iting.	e limited liability compa	ny has been notified of my
	V +		
Signature of Resi	gning Member, Managing M	1ember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		