

L090000693484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

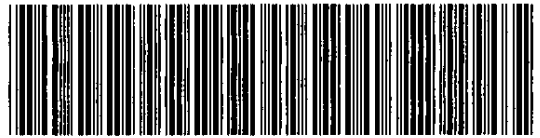
(Business Entity Name)

(Document Number)

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RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR 31 AM 11:00

T. HAMPTON
APR - 1 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA CLAIMS SERVICE, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Carla Sachetti

(Contact Person)

FLORIDA CLAIMS SERVICE, LLC

(Firm/Company)

P. O Box 53188

(Address)

Sarasota, FL 34232

(City/State and Zip Code)

For further information concerning this matter, please call:

Carla Sachetti

(Name of Contact Person)

at (813) 574-9385

(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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: FLORIDA CLAIMS SERVICE, LLC

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L09000093484

4. I, Roberto Hernandez - Sanchez, hereby resign as a Manager
(Print Name of Person Resigning) *(Print Title)*

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



Signature of Resigning Member, Managing Member or Manager

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR 31 AM 11:00

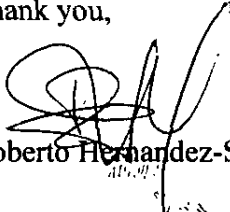
Resignation Letter

To Carla Sachetti

January 01, 2010.

I Roberto Hernandez – Sanchez regret to inform you that, I will no longer be working as a Manager in Florida Claims Service, LLC due to personal matters.
Thank you for the opportunities for personal and professional development that you have provided me during the period I worked with you.

Thank you,


Roberto Hernandez-Sanchez

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR 31 AM 10:00