

L10000006259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

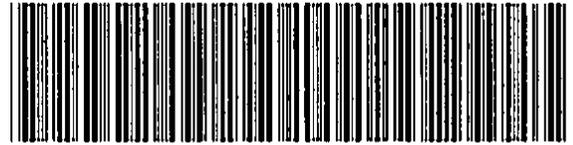
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700391836227

08/08/22--01032--011 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 AUG -8 AM 11:41

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Global Insurance Agency Alliance, LLC  
\_\_\_\_\_  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Janneth E. Robinson  
\_\_\_\_\_  
(Contact Person)

Global Insurance Agency Alliance, LLC  
\_\_\_\_\_  
(Firm/Company)

902 N Pine Hills Rd.  
\_\_\_\_\_  
(Address)

Orlando, FL 32808  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Janneth Robinson at ( 407 ) 251-1465  
\_\_\_\_\_  
(Name of Contact Person) (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

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FILED

2022 AUG -8 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FL

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Global Insurance Agency Alliance, LLC

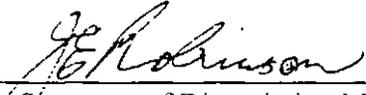
2. The Florida document/registration number assigned to this limited liability company is:  
L10000006259

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/02/2022

4. I, Janneth Robinson, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGRM  
*(Print Title)*

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

  
Signature of Dissociating Member or Resigning Manager

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