

L10000007350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

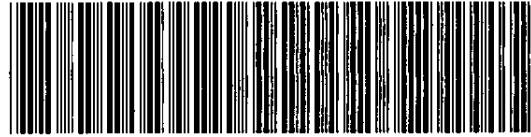
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT
MAR 15 2011
EXAMINER

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02/14/12--01011--001 **315.00

FILED
2012 MAR 14 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2012

NAPTHALIE NARCISSE
10207 VISTA COVE CT
TAMPA, FL 33615

SUBJECT: LIBERTY INJURY CENTER LLC
Ref. Number: L10000007350

We have received your document for LIBERTY INJURY CENTER LLC and your check(s) totaling \$315.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 012A00007280

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIBERTY INSURY CENTER 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:

Naphtalie Narcisse
(Contact Person)

(Firm/Company)

10207 VISTA COVE CT
(Address)

TAMPA FL 33615
(City/State and Zip Code)

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For further information concerning this matter, please call:

Naphtalie Narcisse at (813) 215-9000
(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

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: LIBERTY INSURY CENTER LLC

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

The State of Florida

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

L10000007350

4. I, Naphtalie Narcisse, hereby resign as a MM
(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.

Naphtalie Narcisse

Signature of Resigning Member, Managing Member or Manager

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

2012 MAR 14 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED