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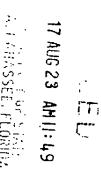
(Requestor's Name)
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Y CULKER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Scendia Insurance (Name of Limited Liability)	e Services
The enclosed member, resignation or dissociation and fe	e(s) are submitted for filing.
Please return all correspondence concerning this matter t	o:
Anothern Olwert (Contact Person)	
Ascerdia Insurance Service (Firm/Company)	ec
5127 Ocean Blud	
Scresota, Fl 34242 (City/State and Zip Code)	
For further information concerning this matter, please ca	11:
Anchew Auch at (941) (Name of Contact Person) (Area Co) 809 – 2010 ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee \$55 Filing	a Department of State for: ing 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

CR2E079 (2/14)



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: Ascendia Insurance Settles 2. The Florida document/registration number assigned to this limited liability company is: Lioooo 86737 3. The date this member/manager withdrew/resigned or will withdraw/resign is: August 21, 2017 4. I. Michael Mederal heritage hereby withdraw/resign as a Print Name of Person Resigning) Manager (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)		
2. The Florida document/registration number assigned to this limited liability company is: L1000086737 3. The date this member/manager withdrew/resigned or will withdraw/resign is: August 21, 2017 4. I. McCae Mescale hereby withdraw/resign as a manager withdraw/resign as a	1. The name of the	limited liability company as it appears on the records of the Florida Department
3. The date this member/manager withdrew/resigned or will withdraw/resign is: August 21, 2017 4. I. Michael Medde hereby withdraw/resign as a resigning hereby withdraw/resign as a res	of State is: As	cendia Insurance Sorvices.
3. The date this member/manager withdrew/resigned or will withdraw/resign is: August 21, 2017 4. I. Michael Mache hereby withdraw/resign as a *** (Print Name of Person Resigning) Manager 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	2. The Florida docu	ument/registration number assigned to this limited liability company is:
4. I. Michael Manager hereby withdraw/resign as a Control of Person Resigning) Manager (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	<u>L100000</u>	86737
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	3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: August 21, 2017
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	4. I. Michael	me of Person Resigning). hereby withdraw/resign as a
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	Manag	(Paint Title)
		bility company and affirm the limited liability company has been notified of my
	Mikal	2. Machen
Filing Fee: \$25.00 (Required)	Signature of Di	ssociating Member or Resigning Manager
Certified Copy: \$30.00 (Optional)	Filing Fee:	\$25.00 (Required) \$30.00 (Optional)