

L10000093315

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : PAUL A. KRASKER, P.A.
Account Number : I20090000078
Phone : (561) 515-2930
Fax Number : (561) 515-2939

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: pkrasker@kraskerlaw.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NATIONAL INSURANCE SOLUTIONS, LLC**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. HAMPTON

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: National Insurance Solutions, 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:

Paul Krasker

(Contact Person)

Law Office of Paul Krasker

(Firm/Company)

501 S. Flagler Drive, Suite 201

(Address)

West Palm Beach, FL 33401

(City/State and Zip Code)

For further information concerning this matter, please call:

Paul Krasker

(Name of Contact Person)

at (561) 515-2929

(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

CR2E079 (5/06)

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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: National Insurance Solutions, 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:
L10000093315

4. I, Mary Sreenan, hereby resign as a Managing Member
(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.

Mary Sreenan

Signature of Resigning Member, Managing Member or Manager

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

CR2E079 (3/06)

STATE
TALLAHASSEE, FLORIDA

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