

Oct. 4, 2013 11:41 AM  
Division of Corporations

**L10000093315**

Page 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H13000221031 3)))



H130002210313ABCN

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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

RECEIVED

13 OCT -4 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 OCT -4 AM 8:24

FILED

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

Email Address: \_\_\_\_\_

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

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

OCT -7 2013

T CLINE

Electronic Filing Menu

Corporate Filing Menu

Help

Oct. 4. 2013 11:46AM

No. 0364 P. 2/3

H13000221031 3

**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 A. Krasker

(Contact Person)

The Law Office of Paul A. Krasker, P.A.

(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 A. Krasker

(Name of Contact Person)

at ( 561 ) 515-2920

(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)

H13000221031 3

2013 OCT -4 AM 12:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

H13000221031 3



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, Paul A. Krasker, 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.

A handwritten signature in black ink, appearing to be "P. Krasker", is written over a horizontal line.

Signature of Resigning Member, Managing Member or Manager

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

H13000221031 3