# L11000073703

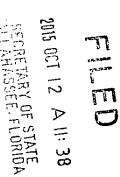
(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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### COVER LETTER

TO: Registration S Division of Co		g, ar	
Insight Ta	x Group, LLC		
SUBJECT:		nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Ronald Gustafson		
		Name of Person	
	Insight Tax Group, LLC		
		Firm/Company	
	601 21st ST Suite 300		
		Address	
	Vero Beach, Florida 32960	)	
		City/State and Zip Code	
	Insightfinancial@comcast.r		
For further information	E-mail address: ( concerning this matter, please c	to be used for future annual report notifi	cation)
Ronald Gustafson		772 501-4520	
Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & ` Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



## 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)

	e limited liability company as	s it appears on the recoi	ius o	of the Fiorida i	Jepartment	
of State is:	ght Tax Group, LLC		1			
2. The Florida doc L1100007370	rument/registration number a	ssigned to this limited	liabi	lity company i	s:	
3. The date this me	ember/manager withdrew/res	signed or will withdraw	/resi	ign is. <u>10 - 6</u>	. 15	
4. I, Richard Reittenger  (Print Name of Person Resigning)		, hereby withdraw/resign as a				
(Print)	Name of Person Resigning)					
MBR			•			
	(Print Title)		•			
of this limited lia resignation in w	ibility company and affirm thriting.	ne limited liability com	pany	has been noti	fied of my	
Dilan.	issociating Member of Resig				.e	
Signature of D	issociating Member of Kesig	gning Manager		201	·,	
_	\$25.00 (Required) \$30.00 (Optional)		,	15 OCT 12 A II: 3 FORETARY OF STATI LAHASSEELFLORII		