

L 11000078694

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TALLAHASSEE, FLORIDA

N. G. G. JUL - 8 2011

July 7, 2011

VIA FAX: 850-245-6030
Attn: Ms. Neysa Culligan

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Document No. W11000036131
Entity Name: Clark Insurance Services, LLC
Tracking No. 100209726581
Pin No. 6581

Dear Ms. Culligan:

I hereby give my consent to Michael W. Brown and Brown Insurance Services, LLC to file using the name of Clark Insurance Services as an LLC. I have entered into a purchase agreement with Mr. Brown and I will be dissolving Clark Insurance Services, Inc. after the completion of the transaction.

Sincerely,


James A. Clark, Director
Clark Insurance Services, Inc.

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