## 11000088207

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del>:</del> #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	·	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: CLAIMWORX, LLC			
JUBULCI.	of Limited Liability C	ompany)	
The enclosed member, managing memb	oer or manager res	ignation and fee(s) a	re submitted for
Please return all correspondence concer	ming this matter to	<b>)</b> :	
Brian Haas			
(Contact Person)			
CLAIMWORX, LLC		·	
(Firm/Company)			
10460 Roosevelt Blvd # 175			
(Address)			
St. Petersburg, FL 33716			, m
(City/State and Zip Code)			
For further information concerning this	matter, please cal	1:	744-9 JAH-9
Brian Haas	at ( 727	542-0995	
(Name of Contact Person)	(Area Co	de & Daytime Telepho	ne Number)
Enclosed please find a check made paya  \$25 Filing Fee		Department of State \$55 Filing Fee & Certified Copy	for:
STREET/COURIER ADDRESS:		MAILING ADD	
Registration Section		Registration Section	
Division of Corporations Clifton Building		Division of Corpo P.O. Box 6327	rations
2661 Executive Center Circle		Tallahassee, Flori	da 32314
Tallahassee, Florida 32301		A GLERIE BULL	

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		mited liability company as i AIMWORX, LLC	it appears on the records o	fthe Flori	ida Dep	artmen	ıt
		ty company was organized	under the laws of:		:515	2	
<u></u> F	Florida		·	,			إهبم
3. The Fl	orida docum	nent/registration number of	this limited liability comp	any is:	語の記述	2014 JAN -9	
L1	1000088207	<del></del>	<del></del> -		رسو او	至一	آ) •ردِ
4. I	ade Meyerho	ffer	, hereby resign as a	MGRM			۲
,	(Print Nan	ne of Person Resigning)		(Prin	Print Title)		
	imited liabi	lity company and affirm the	limited liability company	has been	notified	dofmy	7
Signatu	re of Resign	ning Member, Managing M	ember or Manager				
Filing Fe	e: Copy:	\$25.00 (Required) \$30.00 (Optional)					