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|                                         | WAIT               | MAIL        |  |
| (Bu                                     | siness Entity Nar  | ne)         |  |
| (Document Number)                       |                    |             |  |
| Certified Copies                        | _ Certificates     | s of Status |  |
| Special Instructions to Filing Officer: |                    |             |  |
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## **COVER LETTER**

TO:

CR2E079 (5/06)

Registration Section

**Division of Corporations** SUBJECT: FLORIDA INSURANCE & BUSINESS CONSULTING, 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: OSWALD F. LOPEZ (Contact Person) Florida Insurance & Business Consulting, LLC. (Firm/Company) 415 E. Main Street, Suite 216 (Address) Bartow, FL. 33830 (City/State and Zip Code) For further information concerning this matter, please call: at (863) 670-1780 (Area Code & Daytime Telephone Number) Oswald F. Lopez (Name of Contact Person) 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: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301



## 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 of State is: Flor | limited liability company a<br>ida Insurance & Busir     | s it appears on the records of the Floness Consulting, LLC.                          | orida Department |
|--------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------|------------------|
| 2. This limited liab Florida         | ility company was organize                               | ed under the laws of:                                                                |                  |
| 3. The Florida docu<br>L11000142     | <del>-</del>                                             | of this limited liability company is:                                                |                  |
| •                                    | ame of Person Resigning)<br>pility company and affirm th | , hereby resign as a $\underbrace{Maya}_{(Pr)}$ he limited liability company has bee | rint Title)      |
| Stignature of Rosi                   | gning Member, Managing                                   | Member or Manager                                                                    |                  |
| Filing Fee:<br>Certified Copy:       | \$25.00 (Required)<br>\$30.00 (Optional)                 |                                                                                      | 12 JAN 17 PM 3   |

CR2E079 (5/06)