1200004153

(Re	equestor's Name)				
(Ac	ddress)				
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PICK-UP	WAIT	MAIL			
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Division of Corporations	
SUBJECT: Vanguard Insurance H	łoldings, LLC
	nited Liability Company)
The enclosed member, managing member of filing.	r manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
Michael Toffoli	
(Contact Person)	
(Firm/Company)	<u>.</u>
102 Spring Lake Lane	
(Address)	
Altamonte Springs, Fl 32714	
(City/State and Zip Code)	
For further information concerning this matt	ter, please call:
Michael Toffoli	at (407) 786-8976 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(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:	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	·

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as nguard Insurance Ho		s of the Florida	a Dep	artment		
2. This limited liab	ility company was organized	d under the laws of:					
3. The Florida doci L12000064	ument/registration number o	of this limited liability con	npany is:				
4. I, Michael Toffoli (Print Name of Person Resigning)		, hereby resign as a	, hereby resign as a MGRM (Print Title)				
	bility company and affirm th			•	i of my		
M. J.	Ming Member, Managing N	Member or Manager					
Signature of regsi	gining Member, Managing P	vicinion of ividinager					
-	\$25.00 (Required) \$30.00 (Optional)		SECRETARY TALLAHASSI	12 AUG -8	CONTROL OF THE PROPERTY OF THE		

CR2E079 (5/06)