

L1Z000074479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

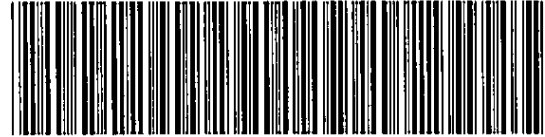
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/03/20--01023- -005 **25.00

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2020 SEP -3 AM 8:35
CLERK OF STATE
TALLAHASSEE, FL

JL 10/15/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Insurance Hub

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Cesar Chacon

(Contact Person)

The Insurance Hub

(Firm/Company)

5922 Cattlemen Lane

(Address)

Sarasota, FL 34232

(City/State and Zip Code)

For further information concerning this matter, please call:

Cesar Chacon

(Name of Contact Person)

941- 302-9400
at () _____
(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

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



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.)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: The Insurance Hub

2. The Florida document/registration number assigned to this limited liability company is:
L12000074479

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 03/19/2019

4. I, Veerle Picard, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager (Never Agreed to be Manager in the company)
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Veerle Picard
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

SECRETARY OF STATE
TALLAHASSEE, FL

2020 SEP -3 AM 8:37

We need to make this effective 3/19/2019. There was never an agreement in writing that I would be a manager and therefore would like to make it effective from the date it became effective. I do not have an association with the Manager Cesar Chacon and no reason to be part of his organization. Thank you.