L12000136333

(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SALY
NOV 7 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pro Player Insurance Group LLC
(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:

Alicia Graham
(Contact Person)

Pro Player Insurance Group LLC
(Firm/Company)

2030 W. First Street, Suite C
(Address)

Fort Myers, FL 33901
(City/State and Zip Code)

For further information concerning this matter, please call:

Alicia Graham at (239) 672-8194
(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:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR2E079 (2/14)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Pro Player Insurance Group.

2. The Florida document/registration number assigned to this limited liability company is: L12000136333.

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/1/2018

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

Authorized Member, Silent Partner.
(Print Title)

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

Carnell Williams
Signature of Dissociating Member or Resigning Manager

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