

L12000136333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

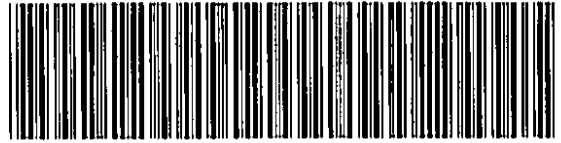
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/25/18--01010--002 \*\*50.00

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18 OCT 25 AM 3:40  
STATE  
TALLAHASSEE, FLORIDA

K. SALY  
NOV 7 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pro Player Insurance Group  
(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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
18 OCT 25 AM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

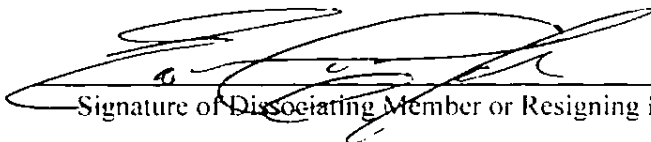
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/01/2018

4. I, Earnest Graham, 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.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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