

L13000039998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

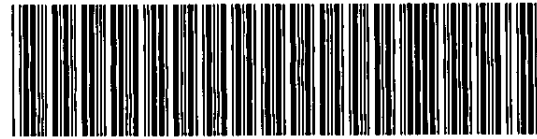
(Business Entity Name)

(Document Number)

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14 APR 16 AM 10:01

Res/mgmm
@ 4.23.14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLAIMLOGIX, 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:

YULIANA ROJAS

(Contact Person)

CLAIMLOGIX, LLC

(Firm/Company)

6103 TENNESSEE AVE

(Address)

NEW PORT RICHEY, FL 34653

(City/State and Zip Code)

For further information concerning this matter, please call:

YULIANA ROJAS

(Name of Contact Person)

at (727) 967-9897

(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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 APR 16 PM 03:01

**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: CLAIMLOGIX, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L13000039998

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3/31/2014

4. I, ANGELA S AMENTA, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGMR

(Print Title)

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

Angela S Amenta

Signature of Dissociating Member or Resigning Manager

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