

L13006100361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LAW OFFICES OF
JEFFREY A. SARROW, P.A.
5551 North University Drive
Suite 204
Coral Springs, Florida 33067

(954) 475-3188
Telefax (954) 474-4416
E-mail: jsarrowpa@aol.com

August 2, 2013

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

re: H.B.C. Insurance Services, LLC

The enclosed Manager Resignation and fee of \$25.00 are submitted for filing.

Please return all correspondence concerning this matter to:

Jeffrey A. Sarrow, P.A.
5551 North University Drive
Suite 204
Coral Springs, Florida 33067

For further information concerning this matter please contact me at 954-475-3188

Very truly yours,



JEFFREY A. SARROW

JAS:scs
Enclosures

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: H.B.C. Insurance Services, LLC.
2. This limited liability company was organized under the laws of:
Florida.
3. The Florida document/registration number of this limited liability company is:
L13000100361.
4. I, Robert Briller, hereby resign as a Manager
(Print Name of Person Resigning) *(Print Title)*
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

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

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