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· (Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	



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TALLAHASSEE FLORID

Office Use Only

JAN 2 7 2015 T. CARTER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: YournSurance Spot. Com (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:
Jose E. Lopez (Contact Person)
Yournsorances pot. com (Firm/Company)
1427 S. Bumby Ave. Suite" E"
Orlando A 32806 (City/State and Zip Code)
For further information concerning this matter, please call:
Tose E. Lopez at (407) 896-6161 (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:

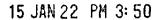
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

CR2E079 (2/14)







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)

	mited liability company as it appears on the records of the Florida Department
of State is:	four insurance spot. wm, LLC
2. The Florida docun	nent/registration number assigned to this limited liability company is:
L13000	127404
3. The date this mem	ber/manager withdrew/resigned or will withdraw/resign is: 1515
4.1, <u>Evo</u> <u>l</u> (Print Nai	ne of Person Resigning), hereby withdraw/resign as a
<u> </u>	Srim Title)
of this limited liabi resignation in writi	lity company and affirm the limited liability company has been notified of my ing.
Ew	Sociating Member or Resigning Manager
Signature of Diss	sociating Member or Resigning Manager
Filing Fee: Certified Copy:	
commed copy.	we also (opinalis)