

L14000014416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 27 2015
T. LEMME

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AJT Insurance, 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:

Alexander Conde

(Contact Person)

Conde & Cohen, PL

(Firm/Company)

802 NE 20th Avenue

(Address)

Fort Lauderdale, FL 33304

(City/State and Zip Code)

For further information concerning this matter, please call:

Alexander Conde

561

251-7116

at (_____) _____

(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

**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: AJT Insurance, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L14000014416

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/21/15

Silvia Garcia
4. I, _____, hereby withdraw/resign as a
(Print Name of Person Resigning)

Managing Member

(Print Title)

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

[Signature]
Signature of Dissociating Member or Resigning Manager

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

FILED
15 MAY - 1 AM 7:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA