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(Requestor's Name)			
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☐ PICK-UP	☐ WAIT	MAIL .	
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14 SEP 15 PM 3: 45

CRM 9/23/14

COVER LETTER

_	sion of Corporations			
SUBJECT:	AIA Direct Tampa Agen	cy, LLC		
(Name of Limited Liability Company)				
The enclosed	d member, resignation or di	ssociation and fee(s	s) are submitted for filing.	
Please return	all correspondence concer	ning this matter to:	TALL TALL	
Alex Ciacci	o		SELON ALLIAN	
	(Contact Person)		- (S.S.)	
AIA Direct	Tampa Agency, LLC		- S	
	(Firm/Company)		- ANTE	
7920 St Sir	mons Street		P	
	(Address)		_	
University F	Park, Florida 34201			
	(City/State and Zip Code)		_	
For further in	nformation concerning this	matter, please call:		
Alex Ciacci	io	703 at (371-4638	
(N	lame of Contact Person)		& Daytime Telephone Number)	
Enclosed ple \$25 Filing	ease find a check made paya g Fee		Department of State for: g Fee & Certified Copy	
Registration Division of C Clifton Build 2661 Execut	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

14 SEP 15 PM 3: 45

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: AIA	Direct Tampa Agency, LL	<u>C</u>
2. The Florida docu	ument/registration number as	signed to this limited liability company is:
L140	100075324	
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is:
Deniel Iveren		
(Print N	ame of Person Resigning)	, hereby withdraw/resign as a
Managing Me	mber	
	(Print Title)	
resignation in wr	iting.	e limited liability company has been notified of my
Signature of Di	ssociating Member or Resig	ning Manager
_	\$25.00 (Required) \$30.00 (Optional)	