

L150000 30/38

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
15 MAR 23 PM 2:37

MAR 27 2015
T. CARTER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ample Insurance Company 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:

Lawrence Adkins Jr.

(Contact Person)

Ample Insurance Company LLC

(Firm/Company)

12537 Magnolia Cove Ct.

(Address)

Clermont, Florida 34711

(City/State and Zip Code)

For further information concerning this matter, please call:

Lawrence Adkins Jr.

(Name of Contact Person)

407
at ()

497-9854

(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



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAR 23 PH 2:37

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: Ample Insurance Company LLC

2. The Florida document/registration number assigned to this limited liability company is:
L15000030138

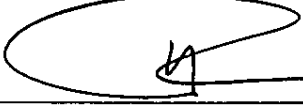
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3/17/2015

4. I, Mark A Peeples, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR

(Print Title)

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


Mark A Peeples, MGR
Signature of Dissociating Member or Resigning Manager

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