

# L15000040287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

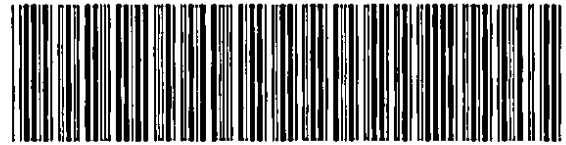
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100316411511

08/06/18--01022--025 \*\*55.00

AUG 09 2018  
S. YOUNG

FILED  
18 AUG -6 PM 6:40  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INSURANCE OF THE PALM BEACHES, 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:

AMANDA A SCHUMACHER  
(Contact Person)

INSURANCE OF THE PALM BEACHES, LLC  
(Firm/Company)

250 Royal Palm Way, Ste 305  
(Address)

Palm Beach, FL 33480  
(City/State and Zip Code)

For further information concerning this matter, please call:

Amanda Schumacher at (561) 833-1533  
(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

FILED  
18 JUN -6 PM 6:40  
TALLAHASSEE, FLORIDA



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: INSURANCE OF THE PALM BEACHES, LLC

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

L 15000040287

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/26/18

4. I, TAMI BARNUS-VICINANZA, hereby withdraw/resign as a  
(Print Name of Person Resigning)

AMBR  
(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  
18 AUG -5 PM 5:40  
TALLAHASSEE, FLORIDA