

L15000108538

(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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2015 AUG 19 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

AUG 21 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALL LINES INSURANCE UNDERWRITERS 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:

GLENN SCHMIT

(Contact Person)

ALL LINES INSURANCE UNDERWRITERS LLC

(Firm/Company)

480 HOLLY LANE

(Address)

PLANTATION FL 33317

(City/State and Zip Code)

For further information concerning this matter, please call:

GLENN SCHMIT

at ( 954 ) 6833767

(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

FILED  
2015 AUG 19 AM 10:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: ALL LINES INSURANCE UNDERWRITERS LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L15000108538

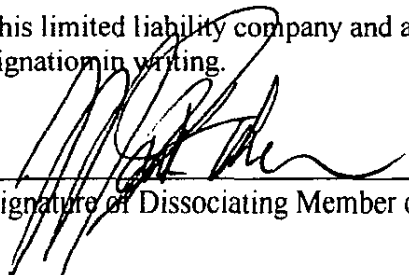
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07/08/2015

4. I, MARK FISCHER, 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.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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