

L15000137628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

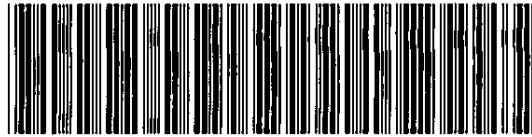
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

JUL 03 2017

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Florida Insurance Concepts, LLC

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____


Signature _____

Requested by: Seth _____
Name Date Time
06/28/17 _____

Walk-In _____ Will Pick Up _____

Resignation of Manager and Officer from Florida Limited Liability Company
(Pursuant to Section 605.0216 of the Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: **Florida Insurance Concepts, LLC**
2. The Florida document number assigned to this limited liability company is: **L15000137628**
3. The date this Manager resigned is: 6/28/17
4. I, **Katherine L. Pass**, hereby resign as a Manager, Vice President, and Treasurer of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Katherine L. Pass

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