LICOCO 27770

(Danisatada Nama)
(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2-2
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
WRONG FORM
WHON'S JOHN
Office Use Only

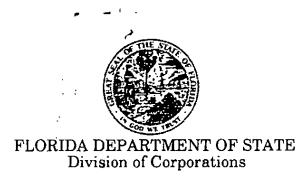


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K SALY



December 19, 2018

INSIGHT TAX GROUP BRENDAN J ROCHE 4520 DIXIE HWY NE PALM BAY, FL 32905

SUBJECT: RESURGE-RE CONSULTANTS, LLC

Ref. Number: L16000027770

We have received your document for RESURGE-RE CONSULTANTS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Salv Regulatory Specialist II

Letter Number: 618A00026044

COVER LETTER

	stration Section sion of Corporations		
SUBJECT:	Resurge ReConsultants LI	-C	
	(Name of Limited Liability Company)		
The enclosed	d member, resignation or disso	ciation and fee(s) are submitted for filing.
Please return	all correspondence concerning	g this matter to:	
Brendan J.	Roche		
	(Contact Person)	· 	_
Insight Tax	Group		
	(Firm/Company)		_
4520 Dixie	Hwy NE		
·	(Address)		_
Palm Bay, I	FL 32905		
	(City/State and Zip Code)		_
For further in	nformation concerning this mat	tter, please call:	
Lillian Nettle	es, POA	321	837-3609
(N	ame of Contact Person)		& Daytime Telephone Number)
Enclosed ple \$25 Filing	ase find a check made payable Fee		Department of State for: g Fee & Certified Copy
STREET/CO	OURIER ADDRESS: Section		MAILING ADDRESS: Registration Section
Division of C	Corporations		Division of Corporations
9			P.O. Box 6327
	ive Center Circle Florida 32301		Tallahassee, Florida 32314

CR2E079 (2/14)





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)

	limited liability company as it appears on the records of the Florida Department urge ReConsultants LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I, Ruth L. Rock	
Member Mar	ager
	(Print Title)
of this limited lia resignation in w	bility company and affirm the limited liability company has been notified of my iting.
Signature of VD	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)