

L16000155907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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JUN 26 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MONTOYA PERALTA INSURANCE 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:

MONTOYA PERALTA, FRANCIA E
(Contact Person)

MONTOYA PERALTA INSURANCE LLC
(Firm/Company)

2845 NORTH MILITARY TRAIL9
(Address)

WEST PALM BEACH, FL 33413
(City/State and Zip Code)

For further information concerning this matter, please call:

FRANCIA PERLATA MONTOYA at 561 319-9384
(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

**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: FLORIDA

2. The Florida document/registration number assigned to this limited liability company is:
L16000155907

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/01/2019

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

AMBR/VP

(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)

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