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(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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COVERLETTER

то:	Registration Section Division of Corporations
SUBJ	JECT: Utecht Fnsurance Underwriter (Name of Limited Liability Company) LC
The e	nclosed member, resignation or dissociation and fec(s) are submitted for filing.
Please	e return all correspondence concerning this matter to:
	Jerry Utecht (Contact/Person)
	(Firm/Company)
	12401 Orange D. Unit 100 C
	Davie FL 33330 (City/State and ZiptCode)
For fu	irther information concerning this matter, please call:
	(Name of Contact Person) (Area Code & Daytime Telephone Number) (Seed please find a check made payable to the Florida Department of State for:
Enclo S25	sed please find a check made payable to the Florida Department of State for: 5 Filing Fee & Certified Copy
Regist Divisi Clifto 2661 Tallah	MAILING ADDRESS: tration Section from of Corporations in Building Executive Center Circle massee, Florida 32301 Program (2/14) 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)

		as it appears on the recon			
of State is:	- WHECHT	INSULATER	MOGRACIT	61.7	
2. The Florida docu	ument/registration numbe	r assigned to this limited	liability company is:		
3. The date this me	mber/manager withdrew/	resigned or will withdraw	//resign is:/O - &	7-19	
	Utecht-Crosc Jame of Person Resigning)	<u>୧୩୯୦</u> , hereby withdrav -	v/resign as a		
of this limited lial resignation in wr	ning.	the limited liability comp	pany has been notific	ed of my	Y CHARGE
Signature of Di	ssociating Member or Re				
Filing Fee: Certified Copy:	• • /				