

L17000075112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

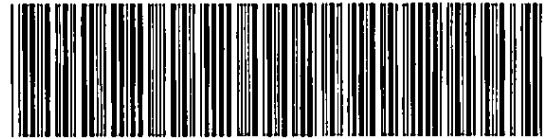
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200347392172

07/06/20--01024 -024 **25.00

FILED

2020 JUL -6 AM 7:04

SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUCE
AUG 19 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AIS Insurance Group 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:

Jacqueline Ramos

(Contact Person)

AIS Insurance Group LLC

(Firm/Company)

5454 Hoffner Avenue Suite 102

(Address)

Orlando, FL 32812

(City/State and Zip Code)

For further information concerning this matter, please call:

Jacqueline Ramos

407

723-8653

at (_____) _____

(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

SECRETARY OF STATE
TALLAHASSEE, FL

2020 JUL -6 AM 7:04

FILED

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



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: AIS Insurance Group LLC

2. The Florida document/registration number assigned to this limited liability company is:
117000075112

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/18/2020

4. I, Grace DePaz, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGRM/Partner

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Grace DePaz
Signature of Dissociating Member or Resigning Manager

FILED
2020 JUL 06 AM 7:04
SECRETARY OF STATE
TALLAHASSEE, FL

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