

L17000 104 865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

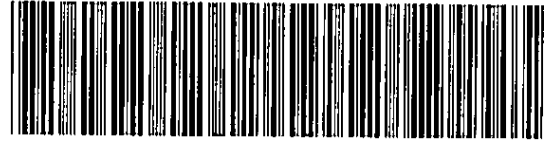
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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R. WHITE

MAY 13 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Resignation of "Insurance For Seniors 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:

Angela Harris

(Contact Person)

Insurance For Seniors LLC

(Firm Company)

6109 100th Av East

(Address)

Parrish, FL 34219

(City/State and Zip Code)

For further information concerning this matter, please call:

Angela Harris

941 792-5511 ext 101
at ()

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ S25 Filing Fee

☐ S55 Filing Fee & Certified Copy

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



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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: Insurance For Seniors LLC

2. The Florida document/registration number assigned to this limited liability company is:
L17000104865

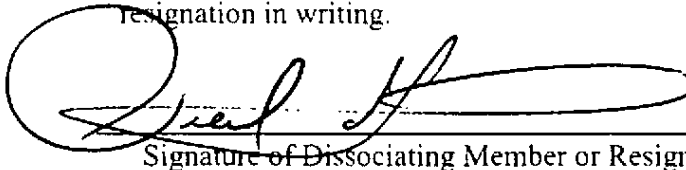
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4-20-2020 3.30.2020

4. I, Paul Scott Harris, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager and Authorized Member

(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)