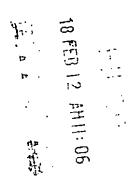
L17000219099

	(Requestor's Name)
	(Address)
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PICK-U	P WAIT MAIL
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COVER LETTER

tration Section					
ion of Corporations					
KINGDOM INSURANCE F	REPRESENTAT	TIVE, LLC.			
(Name of Li	(Name of Limited Liability Company)				
I member, resignation or disso	ciation and fee(s)) are submitted for filing.			
all correspondence concerning	g this matter to:				
RUIZ RODRIGUEZ.					
(Contact Person)		•			
INSURANCE REPRESENT	rative, llc.				
(Firm/Company)		-			
LM DR. APARTMENT # 40	8				
(Address)		-			
FL 33025					
(City/State and Zip Code)	<u> </u>	-			
nformation concerning this ma	tter, please call:				
RUIZ RODRIGUEZ.	786	234-2859			
ame of Contact Person)	(Area Code	& Daytime Telephone Number)			
		Pepartment of State for: Fee & Certified Copy			
		MAILING ADDRESS: Registration Section			
	(Name of Li I member, resignation or dissortable all correspondence concerning S RUIZ RODRIGUEZ. (Contact Person) INSURANCE REPRESENT (Firm/Company) LM DR. APARTMENT # 40 (Address) FL 33025 (City/State and Zip Code) Information concerning this mail of RUIZ RODRIGUEZ. ame of Contact Person)	KINGDOM INSURANCE REPRESENTAT (Name of Limited Liability Com I member, resignation or dissociation and fee(s all correspondence concerning this matter to: RUIZ RODRIGUEZ. (Contact Person) INSURANCE REPRESENTATIVE, LLC. (Firm/Company) LLM DR. APARTMENT # 408 (Address) FL 33025 (City/State and Zip Code) information concerning this matter, please call: RUIZ RODRIGUEZ. 3 RUIZ RODRIGUEZ. at (Area Code) are of Contact Person) (Area Code) ase find a check made payable to the Florida D 3 Fee OURIER ADDRESS:			

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (2/14)

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, Florida 32301



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 I	Florida Department
of State is: KIN	GDOM INSURANCE REP	RESENTATIVE, LLC.	EB EB
2. The Florida doc L1700021909	-	ssigned to this limited liability co	mpany is:
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is:	01/30/2018
4. I,	MAN/AN()	, hereby withdraw/resign as	
Authorized M	lember.		
	(Print Title)		
of this limited lia resignation in wr	- · · · ·	e limited liability company has b	een notified of my
Signature of D	issociating Member or Resig	ning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		