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**To:**

Division of Corporations  
Fax Number : (850)617-6383

**From:**

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PACHY INSURANCE LLC**

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AUG 19 2019

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TALLAHASSEE, FLORIDA



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)

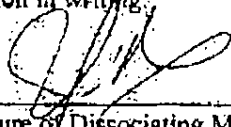
19  
AUG 16 AM 10:00

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: PACHY INSURANCE LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L17000259340
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/07/2019
4. I, RIGOBERTO FERNANDEZ TORRES, hereby withdraw/resign as a

AUTHORIZED MEMBER AND MANAGER

(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)