

L18 000 107920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

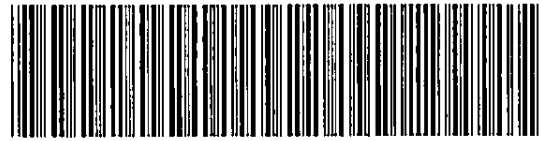
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000406290320

04/10/23--01002--016 **55.00

FILED
2023 APR 10 AM 10:18
CLERK OF SUPERIOR COURT
STATE OF MASSACHUSETTS
SOUTH BRIDGE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLEET CLAIMS SERVICES, 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:

RHONDA HYDE 904-576-8360
(Contact Person)

FLEET CLAIMS SERVICES, LLC
(Firm/Company)

7 SOUTH BROAD STREET, MAIL PO BOX 1540
(Address)

CAIRO, GEORGIA 39828
(City/State and Zip Code)

For further information concerning this matter, please call:

RYAN PRINCE at (904) 306-6036
(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

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

FILED
2023 APR 10 AM 10:18
TALLAHASSEE, FL



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: FLEET CLAIMS SERVICES LLC

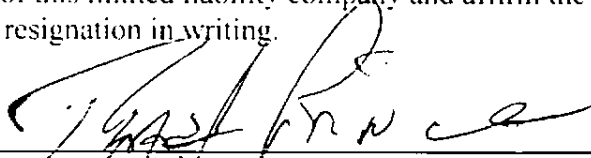
2. The Florida document/registration number assigned to this limited liability company is: L18000107920

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2022

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

AMBR / OWNER/ 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)

FILED
2023 APR 10 AM 10:18
TALLAHASSEE, FL

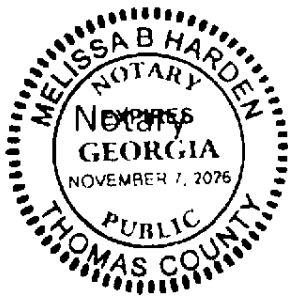


Fleet Claims Services LLC
P.O. Box 1540
7 South Broad Street
Cairo, Georgia 39828

I, Ryan Flynn Prince, on December 31, 2022 hereby sells, transfers and conveys to Rhonda Prince Hyde, and Rhonda Prince Hyde hereby acquires from Ryan Prince, all rights and interests in the Fleet Claim Services LLC, tax id 82-5210583

Ryan Flynn Prince

Ryan Flynn Prince



Rhonda Prince Hyde

Rhonda Prince Hyde



2023 APR 10 AM 10:18
FILED
FACILITY: HASSLER, FL