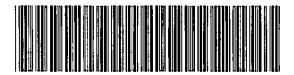


(Requ	uestor's Name)			
(Addı	ess)	· 		
(Addı	ess)			
(City/	State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Fi	ling Officer:			





700318816457

10/01/18--01034--029 **25.00



Cactor and

COVER LETTER

Division of Corporations Trust Insurance, LLC SUBJECT: (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: Fernando Clemente (Contact Person) Trust Insurance, LLC (Firm/Company) 10141 SW 102 Av (Address) Miami, Fl. 33176 (City/State and Zip Code) For further information concerning this matter, please call: Fernando Clemente (Name of Contact Person) (Area Code & Daytime Telephone Number): Enclosed please find a check made payable to the Florida Department of State for:

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

S25 Filing Fee

Section 1

Section 1

Section 1

Section 2

Section 2

Section 2

Section 3

TO:

Registration Section

MAILING ADDRESS:

□ \$55 Filing Fcc & Certified Copy

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



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	s it appears on the records of the	Florida Department
of State is:	st Insurance, LLC	·	
2. The Florida doc L1800013054		essigned to this limited liability c	ompany is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is	09/01/2018
4. I, Isabel Eugenia Clemente, hereby withdraw/resign as a, hereby withdraw/resign as a			
Member	iame of Person Resigning)		
	(Print Title)		2010 O
of this limited lia resignation in wr		ne limited liability company has	been notified of my
Destel	Thus		
Signature of D	issociating Member or Resig	gning Manager	37
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		