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PICK-UP WAIT MAIL	
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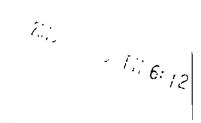
I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Supreme Loss Consultants I	LLC	
(Name of Limited Liability Company)		
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.	
Please return all correspondence concerning to	this matter to:	
John H. Franca		
(Contact Person)		
Supreme Loss Consultants LLC		
(Firm/Company)		
611 Manatee Bay Dr		
(Address)		
Boynton Beach, FL 33435		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
John H Franca	561 449-2090	
(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		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

CR2E079 (2/14)





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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)

of State is: Sup	reme Loss Consultants L	LC .
	-	issigned to this limited liability company is:
L1800014272	2	
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is:
Doboro E Er	onee	
(Print N	ame of Person Resigning)	, hereby withdraw/resign as a
Manager		
	(Print Title)	
of this limited lia resignation in wr		he limited liability company has been notified of my
Signature of D	issociating Member or Resig	gning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	