N18000236953

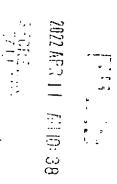
(Re	questor's Name)			
(Ad	dress)			
•	,			
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP		MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to	Filing Officer:			

Office Use Only



400385529944

04/11/22--01951--025 **25.00



COVER LETTER

_	stration Section ion of Corporations		
SUBJECT:	Claims, Appraisal & Mediation Service	es, LLC	
SOBJECT.	(Name of Limi	ted Liability Cor	mpany)
The enclosed	l member, resignation or dissocia	ation and fee(s	s) are submitted for filing.
Please return	all correspondence concerning t	his matter to:	
Viet Nguyen			
	(Contact Person)		_
W&N Settleme	ent Services, LLC		
	(Firm/Company)		_
3848 Sun City	Blvd. Ste. 104 #60		
	(Address)	1.5.	_
Ruskin, FL 335	773		
	(City/State and Zip Code)		-
For further ir	nformation concerning this matte	r. please call:	
Viet Nguyen		830 at (624-4728
(N:	ame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed ple E \$25 Filing	ase find a check made payable to g Fee	_	Department of State for: g Fee & Certified Copy
Regis Divis P.O. I	og Address: stration Section ion of Corporations Box 6327 hassec, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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 reco	ords of the Florida Department
of State is: Claims, Appraisal & Mediation Services, LLC	
2. The Florida document/registration number assigned to this limited L18000236953	liability company is:
3. The date this member/manager withdrew/resigned or will withdraw 4. I	,
(Print Name of Person Resigning) Manager	wriesign as a
(Print Title)	
of this limited liability company and affirm the limited liability comresionation in writing.	pany has been notified of my
Signature ODissociating Member or Resigning Manager	2022 APR 11
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	
	## 10: 38 F