## LZ00000029751

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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## **COVER LETTER**

	egistration Section ivision of Corporations		
	813 INSURANCE AGENCY LLC		
SUBJEC		imited Liability Co	mpany)
The enclo	osed member, resignation or disso	ociation and fee(	s) are submitted for filing.
Please ret	urn all correspondence concernir	ng this matter to:	
Daniel K A	adderly		
	(Contact Person)		_
813 INSUF	RANCE AGENCY LLC		
· <del></del>	(Firm/Company)	<del>-</del>	_
19046 BRI	JCE B DOWNS BLVD STE B6 #813		
	(Address)		_
ТАМРА, Е	FL 33647		
	(City/State and Zip Code)		_
For furth	er information concerning this ma	atter, please call:	:
Daniel K A	Adderly	813 at (	856-9466
	(Name of Contact Person)	(Area Code	e & Daytime Telephone Number)
Enclosed  ■ \$25 Fi	please find a check made payabl iling Fee		Department of State for:  ig Fee & Certified Copy
R D P	lailing Address: egistration Section division of Corporations O. Box 6327 fallahassee, 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)

	limited liability company as	it appears on the records of	the Florida Department
2. The Florida doc L20000029751	ument/registration number as	ssigned to this limited liabilit	ty company is:
3. The date this me	ember/manager withdrew/resi	igned or will withdraw/resig	05/18/2021 n is:
Chrystale C Add	gn as a		
AMBR	Print Titlej		
resignation in wr	le C. Addar	γ	has been notified of my
,	ssociating Member or Resign \$25.00 (Required) \$30.00 (Optional)	mng Manager	L PM 4: 11 STEL STATE SEEL FLORIDA