121000082944

(Requestor's Name)				
(Address)				
(Address)				
(Addiess)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Cashioso Zilia), Name,				
(Document Number)				
Certified Copies Certificates of Status				
				
Special Instructions to Filing Officer:				

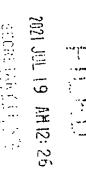
Office Use Only



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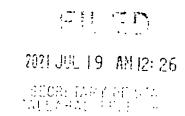
08/05/2021 JH



COVER LETTER

_	stration Section sion of Corporations			
SUBJECT:	UTP INSURANCE LLC			
semme	(Name of Limited Liability Company)			
The enclosed	d member, resignation or dis	sociation and fee	(s) are submitted for filing.	
Please return	all correspondence concern	ing this matter to	:	
BOB CLEMEN	NT			
	(Contact Person)	•	_	
UTP INSURA	NCE LLC			
	(Firm/Company)			
5725 HOLLYV	WOOD BLVD			
	(Address)			
HOLLYWOOI	D FLORIDA 33021			
	(City/State and Zip Code)	······································		
For further in	nformation concerning this r	natter, płease call	:	
BOB CLEMEN	ΝΤ	786 at (461-7122	
(N	ame of Contact Person)		e & Daytime Telephone Number)	
Enclosed ple	ase find a check made payat	ole to the Florida	Department of State for:	
🗆 \$25 Filing			ng Fee & Certified Copy	
	ng Address:		Street Address:	
•	stration Section		Registration Section	
	tion of Corporations Box 6327		Division of Corporations The Centre of Tallahassee	
	hassee, FL 32314		2415 N. Monroe Street, Suite 810	
1 a 11 a	Haddee, 1 E 52514		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)

The name of the limited liability company as of State is: UTP INSURANCE LLC	it appears on the records of the Florida Department
2. The Florida document/registration number as L21000082944	signed to this limited liability company is:
3. The date this member/manager withdrew/resi	gned or will withdraw/resign is:
4. I. MAURO A LAZO BAZAN (Print Name of Person Resigning)	
(Print Name of Person Resigning) MANAGER	
(Print Title)	
of this limited liability company and affirm the resignation in writing.	e limited liability company has been notified of my
Mex 3	
Signature of Dissociating Member or Resign	ning Manager

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: