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(requ	uestor's Name)			
		<u></u> -		
(Address)				
(Address)				
(City/	State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
/Rusi	ness Entity Nam	20)		
(DUSI	ness Entity Nan	ie)		
(Doci	ument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
Special instructions to Filing Officer.				
}				
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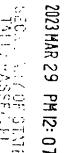
Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	CARCLAIMS.COM, LLC		
2.00	(Name of Limi	ited Liability	Company)
The e	nclosed member, resignation or dissocia	ation and fe	ee(s) are submitted for filing.
Please	e return all correspondence concerning	this matter	10:
Jason l	Drew Weisser		
	(Contact Person)		
Schule	r, Weisser, & Zoeller PA		
	(Firm/Company)		_ _
1615 F	Forum Place, Suite 4D		
	(Address)		
West I	Palm Beach, FL 33401		
	(City/State and Zip Code)		
For fu	orther information concerning this matte	er, please ca	all:
Jason	Drew Weisser	561 _ at (689-8180
	(Name of Contact Person)		ode & Daytime Telephone Number)
	sed please find a check made payable to 5 Filing Fee		la Department of State for: ling Fee & Certified Copy
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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 a	as it appears on the records of the Florida Departmen
2. The Florida doct	ument/registration number a	assigned to this limited liability company is:
		esigned or will withdraw/resign is: 01/05/20 R
	lame of Person Resigning)	2.00° N
		the limited liability company has been notified of my
Signature of D	issociating Member or Resi	gning Manager
	\$25.00 (Required) \$30.00 (Optional)	