

L22000489500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

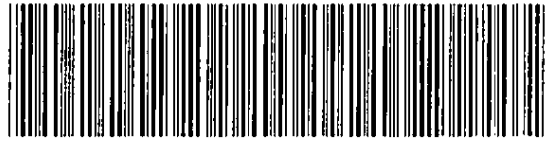
(Business Entity Name)

(Document Number)

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08/04/23--01017--014 \*\*25.00

2023 AUG -4 AM 6:45  
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Parker Public Adjusters LLC  
\_\_\_\_\_  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Treva Rivera  
\_\_\_\_\_  
(Contact Person)

Parker Public Adjusters LLC  
\_\_\_\_\_  
(Firm/Company)

4800 Bayview Drive #803  
\_\_\_\_\_  
(Address)

Fort Lauderdale, FL 33308  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Treva Rivera 954-809-488  
\_\_\_\_\_  
(Name of Contact Person) at ( ) \_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

- \$25 Filing Fee  \$55 Filing 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



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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

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 records of the Florida Department of State is: Parker Public Adjusters LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L22000489500

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07/20/2023

4. I, Brian Parker, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGR  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)