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SECRETARY OF STATE
TALLAHASSEE, FL

(M)

COVER LETTER

	gistration Section					
Di	vision of Corporations					
SUBJEC	Haus Insurance Group			_		
	(Name of	f Limited Liability Con	ipany)	_		
The enclo	sed member, resignation or dis	ssociation and fee(s) are submitted for filing.			
Please ret	urn all correspondence concern	ning this matter to:				
Alberto Go	nzalez Batista	,				
	(Contact Person)	f 4 4	-			
Haus Insura	ance Group					
	(Firm/Company)		_			
6806 SW 8	 КОТН ST					
	(Address)		-	, <u>.</u>		
Miami FL	33143					
	(City/State and Zip Code)		-			
For furthe	er information concerning this	matter, please call:		SECRE	2024 NOV 18	30 00
Alberto Go	nzalez Batista	347 at (938-0971	ECRETARY OF TALLAHASSEE	81 A(1
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number	SSE SSS SO A	A	
Enclosed	please find a check made paya	ıble to the Florida E	Department of State for:	E, F	AM 10: 1	
≡ \$25 Fi	ling Fee		g Fee & Certified Copy	T. ATE	25	
Ro Di P.	ailing Address: egistration Section ivision of Corporations O. Box 6327 illahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suit Tallahassee, FL 32303	e 810		

CR2E079 (2/14)



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 Departmen	t	
	ment/registration number assigned to this limited liability company is:		
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:		
11 Alberto	SECRETARY SECRETARY	2024 NOV 18 AM 10: 05	
Signature of Di	ssociating Member or Resigning Manager		
	\$25.00 (Required) \$30.00 (Optional)		