## M07000001571

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SECRETARY OF STATE
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J. BRYAN

JAN -7 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Solutions Insurance Service (Name of Limited I	<del>., , , , , , , , , , , , , , , , , , , </del>	
The enclosed member, managing member or man filing.	nager resignation and fee(s) are	submitted for
Please return all correspondence concerning this	matter to:	
Greg Hardy		
(Contact Person)		
Solutions Insurance Services		AN SECOND
(Firm/Company)		
300 E Oakland Park Blvd, #308		1 JAN -6 PH 1: 22 ECRETARY OF STATE
(Address)	•	
Fort Lauderdale, FL 33334		22 Palin.
(City/State and Zip Code)		
For further information concerning this matter, p	lease call:	
Greg Hardy at (	954 839-6375	
(Name of Contact Person)	Area Code & Daytime Telephone	Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State fo \$55 Filing Fee & Certified Copy	r:
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRE Registration Section Division of Corporat P.O. Box 6327 Tallahassee, Florida	ions
Tallahassee, Florida 32301		

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as		of the Florida Department
of State is: Solu	itions Insurance Service	es, LLC	≶o 🛨 .
	lity company was organized		JAN -6 PH 1:22  CARLARY OF STATE  LANASSEE, FLORIT
3. The Florida docu M07000001	ment/registration number of 571	this limited liability comp	oany is:
4. I, Karen A. W	iser ume of Person Resigning)	, hereby resign as a N	Member / MGRM (Priht Title)
resignation in wri	gning Member, Managing M		has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		