

L03000033318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

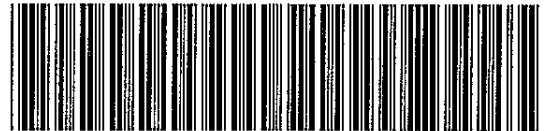
PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:



800061557688

11/21/05--01013--010 \*\*25.00

Name	
Availability	
Document Examiner	
Updater	Office Use Only
Updater Verifier	DCC
Acknowledgement	DCC
W. P. Verifier	DCC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2005 NOV 21 P 2:45

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NOB HILL GROUP, L.L.C.  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anthony T. Lepore  
(Name of Person)

Anthony T. Lepore, Esq., P.A.  
(Firm/Company)

P.O. Box 823662  
(Address)

South Florida, FL 33082-3662  
(City/State and Zip Code)

For further information concerning this matter, please call:

Anthony T. Lepore at ( 954 ) 433-2126  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2005 NOV 21 P 2:45

FILED

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee &  
Certified Copy



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS


**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, HENRY THOMAS, hereby resign as MANAGER  
(Title)

of NOB HILL GROUP, L.L.C.  
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida

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

  
\_\_\_\_\_  
(Signature of resigning manager, managing member or member)

**FILING FEE IS \$25.00**

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

2005 NOV 21 P 2:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**FILED**