Laa00027455a

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Ćit	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Document Number)		
Certified Copies	_ Certificates of	Status
Special Instructions to Filing Officer:		
	J. HORNE	
J. HORNE APR 2 4 2024		

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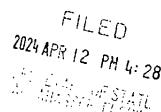
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COVER LETTER -

TO: Registration Section		
Division of Corporatio	ns	
NPGP1323 LLC SUBJECT:		
	(Name of Limited Liabilit	y Company)
The enclosed member, resigna	ation or dissociation and	fee(s) are submitted for filing.
Please return all corresponden	ce concerning this matte	er to:
Narine Gurprasad		
(Contact F	erson)	
NPGP1323 LLC		
(Firm/Cor	npany)	
5429 SW 41 Street		
(Addres	ss)	
Pembroke Park, FL 33023		
(City/State an	d Zip Code)	
For further information conce	rning this matter, please	call:
Narine Gurprasad	929 at (426-9301
(Name of Contact Per		Code & Daytime Telephone Number)
Enclosed please find a check i	made payable to the Flor	rida Department of State for:
■ \$25 Filing Fee	☐ \$5 5 ì	Filing Fee & Certified Copy
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporation	ons	Division of Corporations
P.O. Box 6327	1	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314	<i>:</i>	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)

	-	as it appears on the records of the Florida Department
2. The Florida doc	ument/registration number	r assigned to this limited liability company is:
L22000274552		
3. The date this me	mber/manager withdrew/	resigned or will withdraw/resign is: April 5, 2024
Natasha S Bilesk	ri	, hereby withdraw/resign as a
(Print N	lame of Person Resigning)	, hereby withdraw/resign as a
AMBR		
	(Print Title)	-
resignation in wr	iting. Heskr	the limited liability company has been notified of my
Signature of D	issociating Member or Re	signing Manager
_	\$25.00 (Required) \$30.00 (Optional)	