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(Re	equestor's Name)		
(Ad	ldress)		
(Ac	ldress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bı	siness Entity Nar	ne)	
	iomoso Emily Mar	,	
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Certified Copies	Certificates of Status		
Special Instructions to	Filing Officer:		
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SÉCRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: D, A.D. HOLD/ (Name of Limited)	NGS, LLC
(Name of Limited	Liability Company)
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
(Contact Person)	
(Contact Person)	
(Firm/Company)	•
52 RILEY RD #198	
CEUEBRATTON FL 347 (City/State and Zip Code)	<u> 147</u>
For further information concerning this matter, p	please call:
DAVID LYONS at (Name of Contact Person)	(407) 346124/ (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	se Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

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 a D.A.D. HOLD	is it appears on the records of the	ne Florida Depart	tment
	ility company was organize			
	ment/registration number of 00025935	of this limited liability company	y is:	
(Print N	oility company and affirm t	he limited liability company ha	,	
Signature of Resi	gning Member, Managing	Member or Manager	07 DEC	SECR DIVISION
Filing Fee: Certified Copy:			C 10 PM12: 12	FILE TARY OF CC