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COVER LETTER

TO:	Registration Section Division of Corporations	•	
SUBJ	ECT: Nath, LLC	Limited Liability Company)	
The enfiling.	• • •	or manager resignation and fee(s) are submitted fo	r
Please	e return all correspondence concerni	ng this matter to:	
De	nnis Bedard		
	(Contact Person)	2006 NOV 27	DIVISION OF CORPORATIONS
	(Firm/Company)	V 27	OF C
171	17 North Bayshore [OKPO
	(Address)	?: 58	XA.
Mia	ami, Florida 33132	86	· 32
	(City/State and Zip Code)		
For fu	arther information concerning this m	atter, please call:	
<u>De</u>	nnis Bedard (Name of Contact Person)	at (305) 30553007925 (Area Code & Daytime Telephone Number)	
Enclo	sed please find a check made payable \$\sqrt{\sqrt{\sqrt{\chi}}}\$25 Filing Fee	le to the Florida Department of State for: \$55 Filing Fee & Certified Copy	
Regist Divisi Clifto	EET/COURIER ADDRESS: tration Section ion of Corporations n Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	
2661	Evecutive Center Circle	Tallahassaa Elorida 2021/	

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

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

1. The name of the of State is: Na	limited liability company as it ap	pears on the records of the	Florida Department
2. This limited liab Florida	ility company was organized und	er the laws of:	SECRETARY DIVISION OF CO
3. The Florida docu <u>L02000</u>	ument/registration number of this 029073	limited liability company	ED OF STATE ORPORATIONS PM 2: 58
4. I, Nathalie		, hereby resign as a Ma	naging Member
,	dame of Person Resigning) bility company and affirm the limiting.	ited liability company has	(Print Title) been notified of my
	Hached gning Member, Managing Memb	er or Manager	
		Ü	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		

LETTER OF RESIGNATION

I, Nathalie Heafey, resign as a manager and member of NATH, LLC, a Florida limited liability company, effective immediately.

Nathalie Heafey

STATE OF FLORIDA COUNTY OF MIAMI DADE

The foregoing instrument was sworn to, subscribed, and acknowledged before me this /6 day of / 2006, by Nathalie Heafey who is personally known to me or has produced ______ as identification.

Signature of Notary Public

Print, Type or Stamp Name and Commission Expiration

DIVISION OF CORPORATIONS
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