015810

(Re	questor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies Certificates of Status		
Supplied Instructions to	Filing Officer	
Special Instructions to	Filling Officer.]
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Office Use Only



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09/07/06-40019--010 **25.00

FILED
2006 MAR-7 AMII: 43

J. BRYAN MAR 2 0 2006

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: National Paralegals (Name of Limited Liability Co	mpany)	
Dear Sir or Madam:		
The enclosed Resignation of Member, Managing Member or M	Sanager and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the i	following:	
Joe Paglino (Name of Person)	28	
(Name of Person)	ALLAH ALLAH	
(Firm/Company)	ASSEE A	
2131 Hollywood Blud., Suite	2006 HAR - 7 AM 11: 43 "TALLAHASSEE, FLORIDA"	
Hollywood, FL 3302/ (City/State and Zip Code)		
For further information concerning this matter, please call:		
Joe Paglino at 954 (Name of Person) (Area Cod) 921-1448 le & 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	
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

CR2E079 (8/05)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Joe Paglino , hereby resign as member managing member (Title)
of National Paralegals LLC (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