## L03000018916

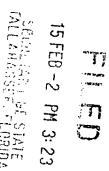
| (Requestor's Name)                      |                |             |  |  |  |  |
|---|----------------|-------------|--|--|--|--|
| (Address)                               |                |             |  |  |  |  |
| (Address)                               |                |             |  |  |  |  |
| (City/State/Zip/Phone #)                |                |             |  |  |  |  |
| PICK-UP                                 | ☐ WAIT         | MAIL        |  |  |  |  |
| (Business Entity Name)                  |                |             |  |  |  |  |
| (Document Number)                       |                |             |  |  |  |  |
| Certified Copies                        | _ Certificates | s of Status |  |  |  |  |
| Special Instructions to Filing Officer: |                |             |  |  |  |  |
|   |                |             |  |  |  |  |
|   |                |             |  |  |  |  |
|   |                |             |  |  |  |  |
|   |                |             |  |  |  |  |

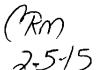




400268546264

02/02/15--01020--026 \*\*25.00











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

(Pursuant to 605.0216, Florida Statutes)

| 1. The name of the  | limited liability company as  | it appears on the records of the Florida Department |  |  |
|---------------------|-------------------------------|---|--|--|
| of State is:        | Nimrah, LLC                   | · · · · · · · · · · · · · · · · · · ·               |  |  |
| 2. The Florida doc  | ument/registration number ass | signed to this limited liability company is:        |  |  |
| L0300001891         | 6                             |   |  |  |
| 3. The date this me | ember/manager withdrew/resi   | gned or will withdraw/resign is:                    |  |  |
| 4. I, Lois Benaglio |                               | hereby withdraw/resign as a                         |  |  |
| (Print l            | lame of Person Resigning)     | , hereby withdraw/resign as a                       |  |  |
|                     | naging Member                 |   |  |  |
|                     | (Print Title)                 |   |  |  |
| of this limited lia |                               | limited liability company has been notified of my   |  |  |
| How.                | Benad                         |   |  |  |
| Signature of D      | issociating Member of Resign  | ning Manager  |  |  |
| •                   | \$25.00 (Required)            |   |  |  |
| Certified Conv      | \$30.00 (Ontional)            |   |  |  |

## **COVER LETTER**

| TO:                                       | Registration Section Division of Corporations   |  |                                     |              |  |  |
|---|---|--|-------------------------------------|--------------|--|--|
|   | Division of Corporations  |  |                                     |              |  |  |
| SUBJ                                      | ECT: Beth Nimrah, LLC   |  |                                     | 4-45-1       |  |  |
|   | (Name of Lir  | nited Liability Co                     | ompany)                             |              |  |  |
| The e                                     | nclosed member, resignation or dissoc   | iation and fee                         | (s) are submitted 1                 | for filing.  |  |  |
| Please                                    | e return all correspondence concerning  | this matter to                         | :                                   |              |  |  |
| Rona                                      | ald Benaglio  |  |                                     |              |  |  |
|   | (Contact Person)  |  | <del>_</del>                        |              |  |  |
| Beth                                      | NImrah, LLC   |  |                                     | TASE T       |  |  |
|   | (Firm/Company)  |  | <del></del>                         |              |  |  |
| 6348                                      | Metz Road   |  |                                     | FEB -2       |  |  |
|   | (Address)   |  |                                     | -2 PH 3      |  |  |
| Grov                                      | eland FL 34736  |  |                                     | PM 3: 2:     |  |  |
|   | (City/State and Zip Code)   | ······································ | AMALASIA.                           | , ω ω        |  |  |
| For fi                                    | urther information concerning this mat  | ter, please call                       | :                                   |              |  |  |
| Lois                                      | Benaglio  | 321<br>at (                            | 6897434                             |              |  |  |
|   | (Name of Contact Person)  | (Area Cod                              | le & Daytime Telep                  | hone Number) |  |  |
|   | sed please find a check made payable 5 Filing Fee                                       |  | Department of Stage Fee & Certified |              |  |  |
| -   | EET/COURIER ADDRESS:  |  | MAILING AD                          |              |  |  |
| _   | gistration Section Registration Section vision of Corporations Division of Corporations |  |                                     |              |  |  |
| Division of Corporations Clifton Building |   |  | P.O. Box 6327                       |              |  |  |
|   | Executive Center Circle   |  | Tallahassee, Flo                    | orida 32314  |  |  |
|   | hassee, Florida 32301   |  |                                     |              |  |  |

CR2E079 (2/14)