(Requestor's Name)	
(Address)	····
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
: ಷಾ (Business Entity Name)	
··· · (Document Number)	:
Certified Copies Certificates of Status	i ,
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L. SELLERS

SEP 22 2009

EXAMINER

Office Use Only



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09/21/09--01031--008 **25.00

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NDB Associates LLC	
(Name of Lim	ited Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
Jerry J. Bandy	
(Contact Person)	
NDB Associates LLC	
(Firm/Company)	•
10693 Wiles Road, #250	
(Address)	
Coral Springs, FL 33076	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
Michael Dreiblatt	at (561) 436-5656
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	o the Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
. V	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	,- - - - •

CR2E079 (5/06)



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 limited liability company as it appears on the records of the Florida Department of State is: NDB Associates LLC				
2. This limited liab	ility company was organized	under the laws of:		
3. The Florida doc: L03000048	-	his limited liability company is:		
4. I, Michael Dreiblatt (Print Name of Person Resigning) of this limited liability company and affirm the limited resignation in writing.		, hereby resign as a Managing Member (Print Title) limited liability company has been notified of my		
My Chuel Signature of Res	gning Member, Managing Me	mber or Manager		
_	\$25.00 (Required) \$30.00 (Optional)	O9 TALI		

CR2E079 (5/06)

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