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B. BOSTICK
AUG 5 2011
EXAMINER

COVER LETTER

TO: Registration Section

CR2E079 (5/06)

Division of Corporations			
SUBJECT: NMT Enterprises (Name of Limited Liability C			
The enclosed member, managing member or manager res filing.	ignation and fee(s) are subn	nitted	for
Please return all correspondence concerning this matter to) :		
Dylan Curry (Contact Person)			
NMT Enterprises, LLC	_	SECH	======================================
PO BOX 151970 (Address)		HASSES.	AUG-I; P
Cape. Coval, FL 33915 (City/State and Zip Code)		ELORIDA	PH 2:39
For further information concerning this matter, please cal	l:		
Angela Newman at (239 (Area Coo	218 · 4464 le & Daytime Telephone Num	(ber)	
Enclosed please find a check made payable to the Florida	Department of State for: \$55 Filing Fee & Certified Copy		
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 3231		



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as it MT Enterpy's		of the Florida Dep	oartment 	t
2. This limited liabili Florida	ty company was organized u	nder the laws of: 			
3. The Florida docum	nent/registration number of th	is limited liability com	pany is:		
(Print Nan	o Martinez ne of Person Resigning) ity company and affirm the l ng.		(Print Title)	——d of my	
Signature of Resign	ing Member, Managing Mer	mber de Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		TALLAHASSEE	11 AUG -1,	etterhaen I : homense

CR2E079 (5/06)