

L06000022491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

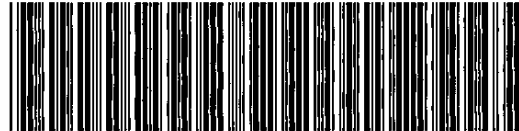
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2006 NOV 14 AM 9:48

TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

N. Outigan NOV 14 2006

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Leon NSEW Investment Group LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Angela M. Poole  
(Contact Person)

Angela Moss Poole LLC  
(Firm/Company)

130 Salem Court  
(Address)

Tallahassee, FL 32301  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$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 32314



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: Leon NSEW Investment Group LLC

2. This limited liability company was organized under the laws of:

FLORIDA

3. The Florida document/registration number of this limited liability company is:

LO6000022491

4. I, Tracy A. Collins,

(Print Name of Person Resigning)

hereby resign as a member

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Tracy Cole

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)

FILED  
06 NOV 14 AM 10:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA