Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To;	Division of Corporations	LARASS	_ 330
From:	Fax Number : (850)617-6383	fine the mark	2 A!
r rom:	Account Name : INCORPORATING SERVICES FL Account Number : I20050000052 Phone : (302)531-0855	LORIDA	1 7: 49

: (850)656-7953

3 DEC -2 AM 8: 30 SECRETARY OF STATE

Finter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:

LLC REGISTERED AGENT RESIGNATION NYFL, LLC

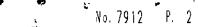
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: NYFL, LLC	
(Name of Limited Liability Company)	
DOCUMENT NUMBER: L06000054219	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submit for filing.	ed
Please return all correspondence concerning this matter to the following:	
TUNISHA SCOTT (Name of Person)	
INCORPORATING SERVICES, LTD. (Name of Firm/Company)	
3500 S. DUPONT HWY (Address)	
DOVER, DE 19901 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Person) at (
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.	d
MAIT INC ADDRESS. STREET ADDRESS.	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

	en de la companya de	[1] • [1] : 모 : : : : : : : : : : : : : : : : : :
Pursuant to the provisions of section 608.416(2) or 608.509, Florid	da Statutes, the undersigned, $\frac{2}{2}$	
INCORPORATING SERVICES, LTD.	, hereby resigns as	い。こ
(Name of Registered Agent)		ii 🦡 🔝 🖽
Registered Agent for NYFL, LLC	ri ri	
(Name of Limited Liability Company	<i>i</i>)	
L0600054219 (Document Number, if known)		
A copy of this resignation was mailed to the above listed limited li	iability company at its last knov	vn address.
The agency is terminated and the office discontinued on the 31st of (Signature of Resigning	day after the date on which this s	statement is filed.
If signing on behalf of an entity:		
AMY M. BALKE		
(Typed or Printed Name)		
ASSISTANT SECRETARY		
(Canacity)		

Active limited liability company
Administratively dissolved/voluntarily dissolved/
withdrawn limited liability company

M ke checks p y ble to Florid Dep rt ent of St te nd il to: Division of Corpor tions P.O. Bo 6327 T Il h ssee, FL 32314