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(Re	questor' s Name)	<u></u> -
(Ad	dress)	
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(Ad	dress)	
(Cit	y/State/Zip/Phone #	
PICK-UP	■ WAIT	MAIL
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(Bu	siness Entity Name)	
(Do	cument Number)	
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: NEER CONSULTING LLC (Name of Limited Liability Company)			
(. may or 2 many 2 - 2 pmg)			
Dear Sir or Madam:			
The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
HAREESH V SAMBATUR (Name of Person)			
(Name of Person)			
NEER COMSULTING LLC			
(Firm/Company)			
33000 PORTOFINO CIR, APt. 110			
(Address)			
PALM BEACH GARPENS, FL, 33418			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
(Name of Person) at (56) 371 5479 (Area Code & Daytime Telephone Number)			
(Name of Person) (Area Code & Daytime Telephone Number)			
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			
Enclosed is a check for the following amount:			
\$25 Filing Fee \$\infty\$\$ \$55 Filing Fee &			
Certified Copy			
CR2E079 (8/05)			



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, WEERATA SONKARANONT, hereby resign as Managin	g member		
of NEER CONSiting LL ((Limited Liability Company)	,		
a limited liability company organized under the laws of the State of FLORIOA			
and affirm that the limited liability company has been notified in writing of the resignation.			
(Signature of resigning manager, managing member or member)	. ,		
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FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314