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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Name of Limited Liability Company)
DOCUMENT NUMBER: L 07 00000 9721
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Neil Hernandez (Name of Person)
(Name of Firm/Company)
4355 NW 128th Street (Address)
Opa Locka, FL 33054 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (305) 333-2502 (Area Code & Daytime Telephone Number)
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

•	section 608.416(2) or 608.509, Florida Statutes, the uni	
N	eill Hernandez, hereby re	esigns as PR
(Na	me of Registered Agent)	
Registered Agent for	NP Investors, LLC	SSE
		75 C
	(Name of Limited Liability Company)	ORIGINAL 21
L 07000	164900	
(Document Number, if		
A copy of this resignation w	as mailed to the above listed limited liability company a	t its last known address.
The agency is terminated and	d the office discontinued on the 31st day after the date o	n which this statement is filed.
_	(Segnature of Resigning Agent)	
If signing on behalf of an en	tity:	
	neill Hernandez	
	(Typed or Printed Name)	•
	Mg. Member (Capacity)	
	(Capacity)	

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/voluntarily dissolved/
withdrawn limited liability company

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