## 1070000033159

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## **COVER LETTER**

	gistration Section vision of Corporations			
SUBJECT		_C ted Liability Co	mpany)	-
The enclose filing.	sed member, managing member or	manager resig	gnation and fee(s) are submitted	l for
Please retu	urn all correspondence concerning	this matter to:	;	
David H			_	
	(Contact Person)		<b>•</b>	
NDC De	evelopments, LLC		SECRE	07 DEC 12
	(Firm/Company)		TA ASS	5
4435 Le	ee Street		· · ·	2 PM 12: 32
	(Address)	`•	LOR	₩ [-
Cocoa,	FL 32926		, IDA	
	(City/State and Zip Code)			
For furthe	r information concerning this matte	er, please call:		
David H		at (321	806-9482	
	(Name of Contact Person)	(Area Code	e & Daytime Telephone Number)	
Enclosed p	please find a check made payable to  √ \$25 Filing Fee	o the Florida	Department of State for: \$55 Filing Fee & Certified Copy	
Registration Division of Clifton Bud 2661 Execution	COURIER ADDRESS: on Section of Corporations uilding outive Center Circle ee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	,

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as i		of the Florida Departi	ment ·
2. This limited liabil  The State of	ity company was organized Florida	under the laws of:	ı	
3. The Florida document L07000023	ment/registration number of 159	this limited liability con	npany is:	
4. I, Carol Hook	S me of Person Resigning)	, hereby resign as a	Managing Meml	<u>be</u> r
resignation in writ	ning Member, Managing M		TANCHETARY OF STATE LAHASSEE, FLORIDA	my F
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			