10700036325

(Requestor's Name)		
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(Business Entity Name)		
L07-363 25 (Document Number)		
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EXAMINER

Law Offices of MICHAEL A. LAMPERT, P.A.

The Forum - Suite 900 1655 Palm Beach Lakes Boulevard West Palm Beach, Florida 33401 Telephone (561) 689-9407 Telecopier (561) 683-1559

Michael A. Lampert (Florida Board Certified Tax Attorney) Also Admitted in PA and D.C. Of Counsel:
Esther A. Zaretsky*
Richard P. Zaretsky**

**(Florida Board Certified Real Estate Attorney)
Also Admitted in N.Y.

March 13, 2008

Certified Mail 7005 3110 0001 8084 4020 Return Receipt Requested

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

Re: Nedko, LLC - Document No. L07000036325

Dear Sir/Madam:

Enclosed please find a Resignation of Registered Agent for Nedko, Lipendong with firm's check in the amount of \$87.50 for the filing fee. Should you have any entire to contact me.

Very truly yours,

Michael A. Lampert

MAL/bmj Enclosure

cc: Eric Ruseler, President



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 21, 2008

LAW OFFICES OF MICHAEL A. LAMPERT, P.A. 1655 PALM BEACH LAKES BLVD THE FORUM - SUITE 900 WEST PALM BECAH, FL 33401

SUBJECT: NEDKO LLC Ref. Number: L07000036325 SECRETARY OF STATALLAHASSEE. FOR

We have received your document for NEDKO LLC and your check(sytotaling \$87.50. However, the enclosed document has not been filed and its being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 408A00017118

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.	509, Florida Statutes, the undersigned,
Michael A. Lampert, Esq.	, hereby resigns as
· (Name of Registered Agent)	
Registered Agent for Nedko, LLC	
(Name of Limited Liabil	ity Company)
L07000036325	
(Document Number, if known)	A
A copy of this resignation was mailed to the above liste	d limited liability company at its last to an address.
The agency is terminated and the office discontinued or	the 31st day after the date on which the statement is filed
(Signature	of Resigning Agent)
If signing on behalf of an entity:	· 00
(Typed or Pri	nted Name)
(Canacit	<u> </u>

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