

L07000040114

(Requestor's Name)

(Address)

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DIVISION OF CORPORATIONS
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JB

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NET DISTRIBUTORS LLC
(Name of Limited Liability Company)

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
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The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

K. LEE

(Contact Person)

Net Distributors LLC

(Firm/Company)

6805 W. Commercial Blvd. #175

(Address)

Lauderhill, FL 33319

(City/State and Zip Code)

old address
of Business:
6501 NW 54th Ct.
Lauderhill, FL
33319

For further information concerning this matter, please call:

J. Lee

(Name of Contact Person)

at (954) 812-3819

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: NET DISTRIBUTORS LLC

2. This limited liability company was organized under the laws of:

STATE OF Florida

3. The Florida document/registration number of this limited liability company is:

LO7000040114

4. I, LEANNA Kmiec-Mirsky, hereby resign as a Manager
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Leanna Kmiec-Mirsky
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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