LU7000041087

| - | | | |
|---|---------------------|-----------------|--|
| , (R | equestor's Name) | | |
| (A) | ddress) | | |
| (A | ddress) | | |
| | | | |
| (C | ity/State/Zip/Phone | ? #) | |
| PICK-UP | ☐ WAIT | MAIL. | |
| | usiness Entity Nan | ne) | |
| ٦ | domoso Emily ram | , | |
| (D | ocument Number) | | |
| | | | |
| Certified Copies | Certificates | of Status | |
| | | | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Office Use Only



600187359486

11/04/18--01018--014 **25.00

B. KOHR
NOV - 8 2010
EXAMINER

10 NOV -1. PM 1: 03

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: Nú-Crete, LLC | |
| (Name of Limited Liability Cor | mpany) |
| The enclosed member, managing member or manager resigning. | nation and fee(s) are submitted |
| Please return all correspondence concerning this matter to: | |
| T: Geoffrey Heekin, Esquire | |
| (Contact Person) | _ |
| Heekin, Malin & Wenzel, P.A. | |
| (Firm/Company) | - |
| Post Office Box 477 | |
| (Address) | *** |
| Jacksonville, Florida 32201 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| T. Geoffrey Heekin, Esquire at (904 | , 355-7000 |
| (Name of Contact Person) (Area Code | & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Florida I \$25 Filing Fee | Department of State for: 555 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 |

CR2E079 (5/06)





ONO LES SETTONE

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

| 1. The name of the of State is: Nu | limited liability company as -Crete, LLC | it appears on the records | of the Florida Department |
|--|---|------------------------------|--|
| 2. This limited liab Florida | ility company was organized | d under the laws of: | |
| 3. The Florida docu <u>L0700004</u> 1 | ment/registration number o | f this limited liability com | pany is: |
| 4. I, T. Geoffrey Heekin | | , hereby resign as a _ | MGRM |
| | ame of Person Resigning) pility company and affirm th ting. | e limited liability compan | (Print Title) y has been notified of my |
| Signature of Resi | Jum Media gning Member, Managing N | | |
| · | | Ū | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | |