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SECRETARY OF STATE

G. MCLEOD

APR - 7 2009

EXAMINER

COVER LETTER

	O: Registration Section Division of Corporations			
	•			
SUBJE	ECT: 1ST NATIONAL LEASIN	IG, L.L.C. d Liability Company)		
	(Name of Elimite	d Liability Company)		
The end filing.	closed member, managing member or n	nanager resignation and fee(s) are submitted for		
Please	return all correspondence concerning th	is matter to:		
Migu	el Alexander, Jr			
	(Contact Person)			
	(Firm/Company)			
3021	Jules Verne Court			
	(Address)			
Land	O Lakes, FL 34639			
	(City/State and Zip Code)			
For fur	ther information concerning this matter	please call:		
Migu	el Alexander, Jr	_{st (} 813 ₎ 714-3531		
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclose	ed please find a check made payable to	the Flor <u>ida Department of State for:</u>		
	\$25 Filing Fee	✓ \$55 Filing Fee &		
	_	Certified Copy		
	ET/COURIER ADDRESS:	MAILING ADDRESS:		
	ration Section	Registration Section		
	on of Corporations	Division of Corporations		
	Building	P.O. Box 6327		
	executive Center Circle assee, Florida 32301	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 NATIONAL LEASIN	s it appears on the records of NG, L.L.C.	the Florida Department
2. This limited liabi	lity company was organized	d under the laws of:	
3. The Florida docu		f this limited liability compared to the second sec	ny is:
4. I, Miguel Alex	kander, Jr	, hereby resign as a M	anaging Member
	me of Person Resigning)	,,	(Print Title)
of this limited liab resignation in writ	* * *	ne limited liability company h	·
141		<u> </u>) (
Signature of Resig	ning Member, Managing N	Member or Manager	DI
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		SECRETARY TO A SECRETARY OF SURVIVAL SECRETARY TO A

CR2E079 (5/06)