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D. BRUCE
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EXAMINER

COVER LETTER

TO: Registration S Division of C	•			
SUBJECT: Nikki	II LLC			
•	(Name of Lir	nited Liability Cor	mpany)	
The enclosed membe filing.	r, managing member o	or manager resig	nation and fee(s) are sub	mitted for
Please return all corre	espondence concerning	g this matter to:		
Louis Stinson,	Jr.			
	(Contact Person)		_	
Louis Stinson,	Jr., P.A.			95 1960 1960
	(Firm/Company)		_	
2199 Ponce de	Leon Boulevard	, Suite 301	_	O9 NOV 12 AM 10: S EURETARY OF STAI LLAMASSEE, FLOR
	(Address)		_	FS
Coral Gables, F			<u>.</u>	D: 53
(C	City/State and Zip Code)			
For further information	on concerning this mat	ter, please call:		
Louis Stinson, (Name of C	Jr. Contact Person)	at (305 (Area Code	444-8807 & Daytime Telephone Nun	nber)
	a check made payable Filing Fee		Department of State for: 655 Filing Fee & Certified Copy	
STREET/COURIEI Registration Section Division of Corporati Clifton Building 2661 Executive Center	ions		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 323	s

CR2E079 (5/06)

Tallahassee, Florida 32301



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 of State is: Nik	limited liability company as it ap	pears on the records	s of the Florida De	partme	ent
2. This limited liab	pility company was organized und	er the laws of:			
3. The Florida doc L0800002	ument/registration number of this	limited liability con	npany is:		
4. I,	Stewart Managers Vame of Person Resigning)	, hereby resign as a	Manager (Print Title)	<u> </u>	<u>-</u>
	bility company and affirm the lim			ed of m	ıy
Signature of Res	m on a senigning Member, Managing Viemb	per or Manager	SECRETARY I	09 NOV 12	FIL
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		OF STATE	AM IO: 5:	ED