

LD8000085861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

L. SELLERS

FEB - 9 2011

EXAMINER

Office Use Only

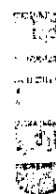


900193334509

02/08/11--01024--015 **55.00

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 FEB - 8 AM 11:21



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Neidstur, LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Mark Sturman

(Contact Person)

(Firm/Company)

12281 NW 8th St

(Address)

Plantation, FL 33325

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Sturman

(Name of Contact Person)

at (**954**) **868-5812**

(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: Neidstur, LLC

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

3. The Florida document/registration number of this limited liability company is:
L08000085861

4. I, Todd Neidorf, hereby resign as a Managing Member
(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

Signature of Resigning Member, Managing Member or Manager

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

RECEIVED
11 FEB - 8 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA