

L09000030329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS
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C. LEWIS

JUL 21 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEW AGE REPROGRAPHICS, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

ALEXANDER PRIETO

(Contact Person)

NEW AGE REPROGRAPHICS, LLC

(Firm/Company)

3642 W. KENNEDY BLVD.

(Address)

TAMPA, FL 33609

(City/State and Zip Code)

For further information concerning this matter, please call:

ALEXANDER PRIETO

(Name of Contact Person)

at 813 300-8977

(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



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DIVISION OF CORPORATIONS

14 JUL -3 AM 11:16

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: NEW AGE REPROGRAPHICS, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L09000030329

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/11/2014

4. I, GEORGE SOLIMAN, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGING MEMBER

(Print Title)

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

SEE DOCUMENT ATTACHED

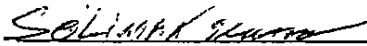
Signature of Dissociating Member or Resigning Manager

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

COPY

RESIGNATION OF OFFICER AND MANAGER
OF NEW AGE REPROGRAPHICS, LLC

I, GEORGE SOLIMAN, HEREBY resign all offices held by me in New Age
Reprographics, LLC, a Florida limited liability company, and as a Manager of said company,
effective June 11, 2014.



GEORGE SOLIMAN

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