## L100000 22620

(Requestor's Name)
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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	ECT: NATIONAL ASSET PROTECTION (Name of Limite		<del></del>
(721		·	
The e	nclosed member, resignation or dissociat	ion and fee(s	s) are submitted for filing.
Please	e return all correspondence concerning th	is matter to:	
JENN	NIFER FOX		
-	(Contact Person)		_
NATI	ONAL ASSET PROTECTION AGEN	CY LLC	
-	(Firm/Company)		_
1701	N 14TH STREET SUITE B		
	(Address)		_
TAMI	PA, FL 33605		
	(City/State and Zip Code)		_
For fu	arther information concerning this matter	, please call:	
JENN	NIFER FOX	813	699-4250
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
	sed please find a check made payable to 5 Filing Fee		Department of State for: g Fee & Certified Copy
Regis Divisi Clifto 2661	EET/COURIER ADDRESS: tration Section ion of Corporations n Building Executive Center Circle hassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)





## 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)

sa NA	limited liability company as it appears on the records of the Florida Departmen
2. The Florida doc LI000002262	ument/registration number assigned to this limited liability company is:
4. I, BEVERLY S	MOAK
CFO AND A	JTHORIZED REP (Print Title)
resignation in w	ibility company and affirm the limited liability company has been notified of my iting.  iting the limited liability company has been notified of my iting.  issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)