110000039467

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APR 30 2010

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: NL Commercial Solutions L (Name of Li	_LC imited Liability Company)	-
The enclosed member, managing member filing.	or manager resignation and fee(s) are submitted	d for
Please return all correspondence concerning	ng this matter to:	
Rodger L. Anderson (Contact Person)		
NL Commercial Solutions LLC (Firm/Company)		
9003 Pinnacle Circle (Address)		
Windermere, FL 34786 (City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·	2010 SE
For further information concerning this ma	ntter, please call:	APR 29
N. Michael Wolsonovich Jr. (Name of Contact Person)	at (407) 832.3295 (Area Code & Daytime Telephone Number)	2010 APR 29 PH 12: 46 SECACTARY OF STATE TALLAHASSEE, FLORID
Enclosed please find a check made payable \$25 Filing Fee	e to the Florida Department of State for: \$55 Filing Fee & Certified Copy	ALE PLOS
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

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 limited liabilit of State is: NL Commercial S	ty company as it appears on the reconductions LLC	cords of the Florida Department	
2. This limited liability company Florida	was organized under the laws of:		
3. The Florida document/registrat L10000039467	tion number of this limited liability	company is:	
4. I, N. Michael Wolsonovich Ji (Print Name of Person Re		as a Managing Member (Print Title)	
of this limited liability company resignation in writing. N. M. W. W. W.	and affirm the limited liability con	mpany has been notified from 2010 APR 29	
	r, Managing Member or Manager	PH 12: 46 EE, FLORIDA	

Certified Copy:

\$30.00 (Optional)