

L1 00000074085

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

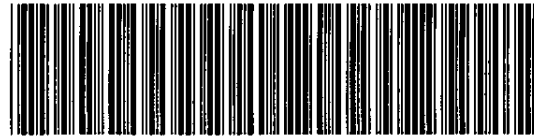
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FEB 20 2012

EXAMINER



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02/17/12--01026--004 \*\*25.00

FILED  
12 FEB 17 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NARSHA group.  
NE 7500 4th Court.  
33138, Miami.  
EIN: 27-305 2567.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NARSHA GROUP 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:

**BRUNO HALIMI**

(Contact Person)

(Firm/Company)

**670 N SHORE DRIVE**

(Address)

**MIAMI BEACH FL 33141**

(City/State and Zip Code)

For further information concerning this matter, please call:

Bruno Halimi at ( 561 ) 674 35 33  
(Name of Contact Person) (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: NARSHA GROUP 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:  
L10000074085

4. I, BRUNO HALIMI, hereby resign as a MANAGER  
*(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)

FILED  
12 FEB 17 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA