<u>L10000 104999</u>

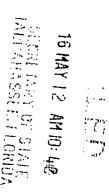
(Re	equestor's Name)			
(Address)				
(Ac	ddress)			
(C	ity/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Bi	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

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MAY 1 3 2016 J SHIVERS

COVER LETTER

TO: Registratio Division of	n Section f Corporations		
SUBJECT: Norce	dic Real Estate, LLC		
301111111111111111111111111111111111111	(Name of Limit	ted Liability Con	ipany)
The enclosed men	nber, resignation or dissocia	ition and fee(s) are submitted for filing.
Please return all co	orrespondence concerning t	his matter to:	
Nancy R. Nangl	е		
	(Contact Person)		
Nordic Real Esta	ate, LLC		
	(Firm/Company)		_
1428 Sunrise Pl	aza Dr #2		
	(Address)		_
Clermont, FL 34	714		
W	(City/State and Zip Code)		-
For further inform	ation concerning this matte	r, please call:	
Melodee Scheffl		352	708-5542
(Name o	f Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please fi 2 \$25 Filing Fee	nd a check made payable to		Pepartment of State for: Fee & Certified Copy
STREET/COURING STREET/COURING SECTION	on rations enter Circle		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)

The Florida document/registration number assignation number assignments	gned to this limited liability cor	mpany is:
	·	وريا شنند
The date this member/manager withdrew/resign	ned or will withdraw/resign is:	May 5 2016 5
Robert R. Black	1	
(Print Name of Person Resigning)	, hereby withdraw/resign as	a 555 7
MGRM		
(Prim Title)		10: 5
f this limited liability company and affirm the lesignation in writing.	imited liability company has be	en notified of m
02 hr h 1/1		

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)