L11000064817

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
•					
·					

Office Use Only



800214248438

11/14/11--01059--016 **55.00



II NOV I 4 PH 1: 4



T. CLINE NOV 1 5 2011

EXAMINER

COVER LETTER

TO: Registration Section			
Division of Corporations			
SUBJECT: N & A Products, LLC	ited Liability Company)		
(Name of Emi	ice Daomy Company)		
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for		
Please return all correspondence concerning	this matter to:		
Amazonas Lindauer			
(Contact Person)			
N & A Products, LLC			
(Firm/Company)	SEC SEC		
540 Sherburn Court	がだ NO ** ME OV ** ATA **		
(Address)			
Orlando, FL 32828	SECRETARY OF STATE ALL WHASSEE, FLORIDA		
(City/State and Zip Code)	**************************************		
For further information concerning this matter			
Amazonas Lindauer	_{at (} 407 ₎ 382-2818		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to \$25 Filing Fee	o the Florida Department of State for: \$55 Filing Fee &		
•	Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building 2661 Executive Center Circle	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

	limited liability company as it ap A Products, LLC	opears on the records	s of the Flor	ida Dep	artmen	ıt
2. This limited liab State of Flo	ility company was organized unc orida	ler the laws of:		SEC	2011	
3. The Florida docu <u>L11000066</u>	ment/registration number of this	limited liability con	npany is:	RETARY OF S	2011 NOV 14 PM	
	Padrino, Neryana	, hereby resign as a	MGRM (Prin	ORD DATE of Fale)	=======================================	T. Carrier
•	pility company and affirm the lin	nited liability compar	,	•	d of my	,
Signature of Resi	gning Member, Managing Memb	per or Manager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					