# L11000110963

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: NAL 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:
Khalid Sakr (Contact Person)
NAL LLC (Firm/Company)
10801 N. 50th Street
Tampa, FL 33U 17 (City/State and Zip Code)
For further information concerning this matter, please call:
Khand Sakr at (727) 439-5303 (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 \$  Certified Copy

#### STREET/COURIER ADDRESS:

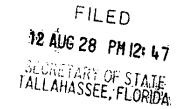
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

**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 light of State is:	mited liability company as it appears on the records of the Florida Department LLLC.
2. This limited liabil	ity company was organized under the laws of:
3. The Florida docur	nent/registration number of this limited liability company is:
4.I, Abdelha	amid, Ativeh, hereby resign as a MGRM  (Print Title)
of this limited liabi	lity company and affirm the limited liability company has been notified of my ing.
Signature of Resig	ning Member, Managing Member or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)