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•		
(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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N. Guillean MAR 2 - 2012

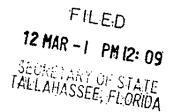
COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NREAS L	imited Liability Company)
`	or manager resignation and fee(s) are submitted fo
Please return all correspondence concerning	ng this matter to:
MICHAEL WICK (Contact Person)	
(Contact Person)	
TROOM 92, UC (Firm/Company)	
(Firm/Company)	
S 18 WASHINGTON BLVD.	# 909
(Address)	
MARINA DEL RAY CA (City/State and Zip Code)	90292
For further information concerning this ma	atter, please call:
MICHAEL J. NICK	at (124) 209 - 1600
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable	e to the Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	e limited liability company NRE9B LUC	as it appears on the records o	_
	bility company was organiz		
	ument/registration number	of this limited liability comp.	any is:
4. I, TOM (Print)	GAFFINEY Jame of Person Resigning)	, hereby resign as a	MGEM (Print Title)
of this limited lia resignation in wr	- ·	the limited liability company	has been notified of my
	igning Member, Managing	Member or Manager	
	\$25.00 (Required) \$30.00 (Optional)		