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Office Use Only

B. KOHR

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CR2E079 (5/06)

TO:	Registration Division of O			
SUBJ	ЕСТ:	NRE98	LLC	
		(Name o	of Limited Liability (Company)
The e		er, managing memb	oer or manager re	signation and fee(s) are submitted for
Please	e return all cor	respondence concer	ning this matter t	to:
	MICHAEL	WKK (Contact Person)		•
		(Contact Person)		
	TROOM 92	(Firm/Company)		
		(Firm/Company)		
	578 W	KHNGTON BLV (Address)	D. # 909	
		(Address)		
	MARINA	City/State and Zip Code)	4 90292	
For fi	rther informati	ion concerning this	matter, please ca	d1:
	MICHAEL	J. NICK	at (424	ode & Daytime Telephone Number)
	(Name of C	Jontact Person)	(Area Co	de & Dayume Telephone (Author)
Enclo			able to the Florid	a Department of State for:
	[A]\$2	5 Filing Fee	L	\$55 Filing Fee & Certified Copy
	,	,		сышта сору
		R ADDRESS:		MAILING ADDRESS:
_	tration Section			Registration Section
	ion of Corporat	ions		Division of Corporations
	n Building			P.O. Box 6327
	Executive Cen nassee, Florida			Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company	y as it appears on the records o	-
	ility company was organi		
3. The Florida doci		er of this limited liability comp	any is:
4. I, Tom	GAFTHEY ame of Person Resigning)	, hereby resign as a	Make (Print Title)
	oility company and affirm	the limited liability company	
Thomas	Maloner		
Signature of Resi	gning Member, Managin	g Member or Manager	*
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		

CR2E079 (5/06)