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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : NRAI SERVICES. LLC

Account Number : I20080000104 Phone

: (302)674-4089

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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 loof State is: BE	imited liability company as IK Realty & Manager	it appears on the records of nent LLC	f the Florida Department	
2. This limited liabi	lity company was organized	under the laws of:		
3. The Florida docu L12000004	ment/registration number of	this limited liability comp	any is:	
4. I Elad Kohe	n	hereby resign as a Manager (Print Title)		
(Print No		(Print Title)		
of this limited liab	cility company and affirm th	e limited liability company	has been notified of my	
96/11				
Contract of the	geres-			
Signature of Resi	gning Member, Managing N	dember or Manager		
Filing Fee:	\$25.00 (Required)		•	
Certified Copy:	\$30.00 (Optional)			
		•		