11200088777

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nar	me)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



700273602577

06/15/15--01003--807 **110.00

SECRETARY OF STATE FALLAHASSEE. FLORIDA

SECRETARY OF STATE DIVISION OF CORPORATION 15 AM 8: 23

JUN 1 6 2015

3 MASON

COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: NSHCORP LLC		
	mited Liability C	ompany)
The enclosed member, resignation or disso	ciation and fee	(s) are submitted for fitting.
Please return all correspondence concerning	g this matter to) :
Gigi Elizee		
(Contact Person)		
NSHCORP		
(Firm/Company)		
110 East Broward Blvd. Suite 1700		
(Address)		
Fort Lauderdale FL 33027		
(City/State and Zip Code)		
For further information concerning this ma	tter, please cal	l:
Gigi Elizee	954 at (551-0191
(Name of Contact Person)	(Area Co	de & Daytime Telephone Number)
Enclosed please find a check made payable □ \$25 Filing Fee		Department of State for: ng Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations		Division of Corporations € 66

Clifton Building

CR2E079 (2/14)

2661 Executive Center Circle Tallahassee, Florida 32301

Section 15 Big Section 15

P.O. Box 6327

Tallahassee, Florida 323



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	nimited nability company as	it appears on the records of the	ne Florida De	partm	nent
2. The Florida docu		ssigned to this limited liability	company is:		
	•	igned or will withdraw/resign		5	_
4. I, Charles P. McGinley , hereby withdraw/resign as a (Print Name of Person Resigning)			as a		
MGRM					
	(Print Title)				
of this limited lia resignation in wr		e limited liability company ha	s been notifie	ed of i	my
	A				
Signature of Di	ssociating Member or Resig	ning Manager			
•	\$25.00 (Required) \$30.00 (Optional)		SECRETARY OF	15 JUN 15 A	SECRETARY OF SORI