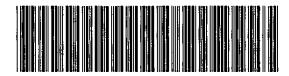
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(Req	uestor's Name)	
(Add	ress)	
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ARASSEE, FLORIDA

J. BRYAN

DEC 2.6 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
Margaret Nagele, NCG, LLC SUBJECT:	
(Name of Limited Lia	bility Company)
The enclosed member, managing member or managiling.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this ma	atter to:
Margart Nagele, NCG	
(Contact Person)	***************
Margaret Nagele, NCG, LLC	2012 TAI
(Firm/Company)	
P O BOX 530162	TARY TARY
(Address)	
Lake Park, FL 33403	PR 1:27 RY OF STATE SEE. FLORIG
(City/State and Zip Code)	 ≯*
For further information concerning this matter, plea	ase call:
Margaret Nagele, NCG	61 844-4253
	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F \$25 Filing Fee	Florida Department of State for: \$\square\$ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	ranamoso, rionda ozori

CR2E079 (5/06)



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 of State is:	limited liability company as garet Nagele, NCG, LLC	it appears on the records of	of the Flor	rida Departn	nent
2. This limited liab	ility company was organized	under the laws of:		2012 DEC 21 SECRETARY TALLAHASS	FILE
3. The Florida doc: L1200014299	ument/registration number of 91	this limited liability comp	oany is:	OF STATE EE. FLORIDA	2 : 2]
Barry L. Nag	ele, Sr.	, hereby resign as a _	/JGRM		
(Print Name of Person Resigning)			(Print Title)		
of this limited lia resignation in wr	bility company and affirm the iting. Lagsle, L		y has beer	ı notified of	my
Signature of Res	igning Member, Managing M				
•	\$25.00 (Required) \$30.00 (Optional)				

CR2E079 (5/06)