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(Re	equestor's Name)				
(Ad	ldress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	÷#)			
PICK-UP	WAIT	MAIL .			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status		of Status			
Special Instructions to Filing Officer:					

Office Use Only



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12/08/14--01025--004 **25.00

14 DEC -8 PM 12: 40

C.V.5-14

COVER LETTER

SUBJECT: Net Income Real Estate LLC				
(Name of Limited Liability Company)				
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to:				
Michael S. MacDougall				
(Contact Person)				
Net Income Real Estate LLC				
(Firm/Company)				
2601 E. Oakland Park Blvd. Suite 503				
(Address)				
Fort Lauderdale, FL 33/30Le -16/17				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Michael S. MacDougall Enclosed please find a check made payable to the Florida Department of State for: \$\Begin{align*} \text{\$\text{25} Filing Fee} \text{\$\text{\$\text{Fling Fee}} & Certified Copy} \end{align*}				

STREET/COURIER ADDRESS:

Registration Section

Division of Corporations

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



SECRETARY OF STATE DIVISION OF CORPORATIONS

14 OEC -8 PM 12: 40

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)

	imited liability company as acome Real Estate LLC	s it appears on the records of the	Florida Department
2. The Florida docur		assigned to this limited liability co	ompany is:
3. The date this men 4. I,	stuali	signed or will withdraw/resign is: , hereby withdraw/resign as	
(Print Na managing mer	me of Person Resigning) nber .	, norcey william with the many	. u
resignation in wr	iting. ssociating Member or Res	12/1/14	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		