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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SERBER & ASSOCIATES, P.A.
Account Number : I200000000083
Phone : (305) 932-6262
Fax Number : (305) 933-9393

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please**

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NGSA INTERACTIVE LLC**

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NGSA INTERACTIVE, 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:

Daniel J. Serber

(Contact Person)

Serber & Associates, P.A.

(Firm/Company)

2875 NE 191st Street, Suite 801

(Address)

Aventura, FL 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

Yolanda L. Fornaris

(Name of Contact Person)

305

at (

932-6262

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

CR2E079 (2/14)

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: NGSA INTERACTIVE, LLC

2. The Florida document/registration number of this limited liability company is:
L13000054579

3. The date this member/manager withdrew/resigned or will withdraw/resign is:
November 05th, 2015

4. I, Guido Culasso Moore, hereby withdrew/resign as a Managing Member
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Dissociating Member or Resigning Manager - Guido Culasso Moore

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 NOV 18 A 9:29

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