## 

(Requestor's Name)		
(Address)		
(Address)		
(1837-233)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Special instructions to 1 ming officer.		





04/24/15--01006--013 \*\*25.00

## **COVER LETTER**

CR2E079 (2/14)

TO: Registration Section	
Division of Corporations	
SUBJECT: The Nowalk Group, LLC.	
(Name of Lin	nited Liability Company)
The enclosed member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Adrian Nowalk	
(Contact Person)	
The Nowalk Group, LLC.	
(Firm/Company)	
10232 NW 47th St.	
(Address)	<del></del>
Sunrise, FL. 33351	
(City/State and Zip Code)	
For further information concerning this mate	ter, please call:
Adrian Nowalk	561 299-1611
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	to the Florida Department of State for:  \$\square\$ \$55 Filing Fee & Certified Copy
CTREET/COURIER ADDRESS.	MAILING ADDDESS.
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	



FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

15 APR 24 AM 10: 59

## 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)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is:
2. The Florida document/registration number assigned to this limited liability company is:
L14000001384
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/20/2015
4. I, Dennis Meraz  (Print Name of Person Resigning), hereby withdraw/resign as a
Authorized Member
of this innited liability company and affirm the limited liability company has been notified of my
resignation in writing.
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)
Continue Copy.