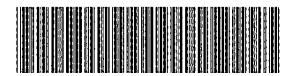
L14000167493

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





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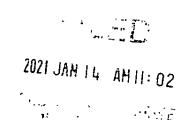
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COVER LETTER

TO:	_	stration Section sion of Corporations		
SUBJ	ECT:	Next Door Distribution, LLC		
		(Name of Lin	nited Liability Cor	mpany)
The en	nclosed	I member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please	return	all correspondence concerning	this matter to:	
Darin 7	Tuch			
		(Contact Person)		_
Next E	Door Dis	tribution LLC		
		(Firm/Company)		_
1650 S	Suckle H	ighway		
		(Address)		_
Pennsa	auken, N	IJ 08110		
		(City/State and Zip Code)		
For fu	rther in	nformation concerning this matt	er, please call:	
Darin 1	Tuch		856) at (320-4868
	(N	ame of Contact Person)	\ 	& Daytime Telephone Number)
Enclo	sed ple	ase find a check made payable	to the Florida I	Department of State for:
\$2 :	5 Filing	g Fee	□ \$55 Filing	g Fee & Certified Copy
	Mailir	ng Address:		Street Address:
	_	stration Section		Registration Section
		sion of Corporations		Division of Corporations
		Box 6327		The Centre of Tallahassee
	i aila	hassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303





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)

	limited liability company as it appears on the records of the Florida Department
2. The Florida docu L14000167493	ument/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
	, hereby withdraw/resign as a fame of Person Resigning)
MGR	
	(Print Title)
resignation in wr	ssociating Member or Resigning Manager
•	\$25.00 (Required) \$30.00 (Optional)