L15000007402

(Rec	questor's Name)			
(1161	questor s rearrie)			
(Add	dress)			
(7.00	21000)			
(Add	dress)	,		
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(De	cument Number)			
(500)	cament Namber)			
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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(PRM)

COVER LETTER

_	stration Section sion of Corporations			
SUBJECT:	ND Multiservice LLC			
	(Name o	f Limited Liability Cor	mpany)	_
The enclosed	d member, resignation or dis	ssociation and fee(s	s) are submitted for filing.	
Please return	n all correspondence concern	ning this matter to:	A	ू हिं <mark>डिंग्</mark>
Irma M No	riega		ج! ن ت	APR -
	(Contact Person)			7
ND Multise	ervice LLC		 	AH 9
	(Firm/Company)		- 고 드	51 is
8799 NW 1	180 Terrace		38	٠.
	(Address)		-	
Miami Lake	es, FL 33018			
	(City/State and Zip Code)	<u> </u>	_	
For further is	nformation concerning this	matter, please call:		
Irma M No	riega	305	970-7509	
(N	lame of Contact Person)		& Daytime Telephone Numbe	<u>r)</u>
Enclosed ple	ease find a check made paya g Fee		Department of State for: g Fee & Certified Copy	
Registration			MAILING ADDRESS: Registration Section	
	Corporations		Division of Corporations	
Clifton Build 2661 Execut	aing iive Center Circle		P.O. Box 6327 Tallahassee, Florida 32314	
	Florida 32301			

CR2E079 (2/14)



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 a	ppears on the records of the Florida Department	
of State is: ND	Multiservice LLC	<u> </u>	
2. The Florida doc L1500000740	_	ned to this limited liability company is:	
3. The date this me	ember/manager withdrew/resigne	ed or will withdraw/resign is:	
4. I, Ana Delgado (Print Name of Person Resigning)		, hereby withdraw/resign as a	
VP	vame oj Person Kesigning)		
	(Print Title)		
of this limited lia resignation in wr		mited liability company has been notified of my	
AAD			
Signature of D	issociating Member or Resigning	g Manager	
Filing Fee: Certified Copy:	\$25.00 (Required)		
Cennica Copy:	\$30.00 (Optional)		