L1500059928

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: NCC Property Services, LLC Name of Limited Liability Company DOCUMENT NUMBER: L/50000 59928			
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Terence Nutter Name of Person			
NCC PROPERTY Services, LLC Name of Firm/Company			
201 FLETCHER AVENUE Address			
SARASOTA, FL 34237 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Terence Nutter at (941) 650 · 2321 Name of Person Area Code Daytime Telephone Number			
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.			

MAILING ADDRESS:

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

STREET ADDRESS:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.011.	5, Florida Statutes, the under	rsigned,
BRADLY WESTOVER		, hereby resigns as
Name of Registered Ager	nt	, ,
Registered Agent for <u>NCC</u> PROPE	RTY SERVICES	, LLC
Name of Lim	ited Liability Company	,
L150000 59928		
Document Number, if known		
A copy of this resignation was mailed to the a	above listed limited liability	company at its last known address.
The agency is terminated and the office discor	ntinued on the 31st day after	the date on which this statement is filed.
That	Signature of Resigning Agent	
If signing on behalf of an entity:		
	WESTOVER	· .
·	yped or Printed Name	20 2
MEMBER R	LESIGNATION	2015 OCT -8 PARLAHASSE
	Capacity	
		S OCT -8 CARTARY C
FILING \$ 85.00 \$ 25.00	FEES: Active limited liability condition Administratively dissolve withdrawn limited liability	ompany ed/voluntarily deserved ty company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314