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| Certified Copies Certificates of Status | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | |
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COVER LETTER

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| TO: | _ | stration Section sion of Corporations | | |
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| | | · | | |
| SUBJ | ECT: | NYC Holdings, LLC | nited Liability Cor | npany) |
| | | · | · | |
| The c | nclosec | d member, resignation or dissoc | nation and fee(s | s) are submitted for filing. |
| Please | e return | all correspondence concerning | this matter to: | |
| Scott | t McCc | ormick | | |
| | | (Contact Person) | | _ |
| Beach Community Bank | | | | TALL |
| | | (Firm/Company) | . | ALLAHASSI ALLAHASSI |
| 17 S | E Eglir | n Parkway | | |
| | | (Address) | | - CALONID |
| Fort | Waltor | n Beach, Florida 32548 | | RUA RUA |
| | | (City/State and Zip Code) | | _ |
| For fu | ırther ii | nformation concerning this mat | ter, please call: | |
| Scot | t McCd | ormick | 850 at (| 244-9900 x 250 |
| | (N | lame of Contact Person) | | & Daytime Telephone Number) |
| | sed ple 5 Filing | ease find a check made payable g Fee | | Department of State for: 3 Fee & Certified Copy |
| Regis Divis Clifto | tration ion of C n Build | | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 |
| | | ive Center Circle Florida 32301 | | Tallahassee, Florida 32314 |



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 Holdings, LLC | s it appears on the records of t | he Florida Department |
|--|--|------------------------------------|--|
| 2. The Florida doc L1500011085 | • | assigned to this limited liability | y company is: |
| | - | signed or will withdraw/resign | |
| of this limited lia resignation in wr | | he limited liability company h | as been with a specific as been with a specific as been with a specific problem. |
| | \$25.00 (Required) \$30.00 (Optional) | | |