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TO:

CR2E079 (2/14)

Registration Section
Division of Corporations

NORTH AMERICAN CONSULTANTS, LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Victoria E. Brieant (Contact Person) Law Office of Victoria E. Brieant (Firm/Company) 4000 Ponce de Leon Blvd., Suite 470 (Address) Coral Gables, FL 33146 (City/State and Zip Code) For further information concerning this matter, please call: 305 Victoria E. Brieant 421-7100 at (_____ (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee ■ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301



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)

			of I
1. The name of the	e limited liability company as i	it appears on the records of the F	lorida Department
of State is:	NORTH AMERICAN CO	it appears on the records of the F	<u> </u>
	rument/registration number ass	signed to this limited liability con	I.
3. The date this m	ember/manager withdrew/resig	gned or will withdraw/resign is:	08/07/2017
4. I. ALFRED	F. MENCONI Vame of Person Resigning)	hereby withdraw/resign as	a
MGR			
	(Print Title)		
of this limited lia resignation in w		limited liability company has be	een notified of my
Af 1	ya -		
Signature of D	issociating Member or Resign	ing Manager	
-	\$25.00 (Required)		
Certified Copy:	\$30.00 (Ontional)		