## L15000198400

(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
<b>(</b>	<b>,</b>	··- <b>-</b> ,		
(DC	cument Number)			
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## **COVER LETTER**

TO: Registration Section

CR2E079 (2/14)

Division of Corporations		
SUBJECT: NGUYENERS CIRCLE, LLC	C	
	nited Liability C	отралу)
The enclosed member, resignation or dissoc	iation and fee	e(s) are submitted for filing.
Please return all correspondence concerning	this matter to	o:
SYDNEY LANGER		
(Contact Person)		<del></del>
NGUYENERS CIRCLE, LLC		
(Firm/Company)		<del></del>
710 N MILLS AVE		
(Address)	<del></del>	<del></del>
ORLANDO FL 32803		
(City/State and Zip Code)		<del></del>
For further information concerning this matter	ter, please cal	l:
SYDNEY LANGER	407 at (	701-4479
(Name of Contact Person)		de & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee		Department of State for: ng Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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	s it appears on the records of the Florida Department
2. The Florida doc:		ssigned to this limited liability company is:
	•	signed or will withdraw/resign is:
4. I, HOI NGUYEN (Print Name of Person Resigning)		, hereby withdraw/resign as a
Р	(D. C. Mark)	
		ne limited liability company has been notified of my
-//		
Signature of D	issociating Member or Resig	ning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	2015 DEC -7 A SECRETARY OF