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COVER LETTER

	Registration Section Division of Corporations	
SUBJE	CT: N2S LLC	
., • • • • •	(Name of Limited Lia	bility Company)
The enc	losed member, resignation or dissociation a	and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this m	atter to:
Eran k	Kabakov	
	(Contact Person)	
N2S L		
	(Firm/Company)	
801 W	7. Bay Dr. #506	
	(Address)	
Largo.	FL 33770	
	(City/State and Zip Code)	
For furt	her information concerning this matter, ple	ase call:
Eran I	Kabakovat (_	
	(Name of Contact Person) (A	rea Code & Daytime Telephone Number)
	ed please find a check made payable to the Filing Fee S	Florida Department of State for: 55 Filing Fee & Certified Copy
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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TALLAHASSEE, FLORG

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 appears on the records of the Florida Department
of State is: N2	S LLC	
2. The Florida docu L160001063		signed to this limited liability company is:
3. The date this me	mber/manager withdrew/resi	gned or will withdraw/resign is: 04/01/2020
4. l. Jason Fulfo	ord ame of Person Resigning)	. hereby withdraw/resign as a
Manager		
	(Print Title)	
of this limited lial resignation in wr		e limited liability company has been notified of my
Signature of Di	ssociating Member or Resign	ning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	
Certifica Copy.	φουνο (Ορποπαι <i>)</i>	