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| (F | Requestor's Name) | |
|----------------------|------------------------|----------|
| | Address) | <u> </u> |
| (/ | Address) | |
| (0 | City/State/Zip/Phone # |) |
| PICK-UP | | |
| (E | Business Entity Name) | |
|]) | Document Number) | |
| Certified Copies | Certificates of | Status |
| Special Instructions | to Filing Officer: | |
| | | |
| | | |
| | | |
| | Office Use Only | |
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: NATIONAL SUPPLY CHAIN MANAGEMENT COMPANY, LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and feets) are submitted for filing.

Please return all correspondence concerning this matter to:

JENNIFER GOMEZ

(Contact Person)

THE LAW OFFICES OF JENNIFER GOMEZ, P.A.

(Firm Company)

140 S. UNIVERSITY DRIVE, SUITE B

(Address)

PLANTATION, FLORIDA 33324

(City/State and Zip Code)

For further information concerning this matter, please call:

| ADAM WESLEY DEBER | 954 | 588-7347 |
|--------------------------|-----------|-------------------------------|
| | ai (| |
| (Name of Contact Person) | (Area Cod | e & Daytime Telephone Number) |

Enclosed please find a check made payable to the Florida Department of State for: S25 Filing 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

CR21.079 (2/14)



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 Dear of State is: | in Strent | |
|---|-----------|---|
| 2. The Florida document/registration number assigned to this limited liability company is: | AH 10: 31 | 0 |
| 3. The date this member/manager withdrew/resigned or will withdraw/resign is: | <i></i> | |

4.1. HOWARD S. GOLDBERG

(Print Name of Person Resigning)

or rini isame of Ferson Ke

MANAGER

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing

Signature of Dissociating Member or Resigning Manager

Filing Fee:\$25.00 (Required)Certified Copy:\$30.00 (Optional)