117000076407

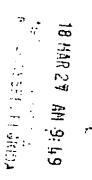
(Re	questor's Name)			
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COVER LETTER

TO:	_	stration Section ion of Corporations				
SUBJECT:		Nork Group LLC				
5030	DCT.	(Name of Limited Liability Company)				
The er	nclosed	l member, resignation or disso	ociation and fee(s) are submitted for filing.		
Please	return	all correspondence concerning	ng this matter to:			
Willia	ım F B	аггега				
		(Contact Person)	·	-		
Nork	Group	LLc				
	_	(Firm/Company)		-		
2520	SW 2	0 St				
		(Address)		_		
Miam	i FL 3	3145				
		(City/State and Zip Code)		-		
For fu	ırther iı	nformation concerning this ma	atter, please call:			
Willia	ım F B	arrera	305 at (771-4820		
	(N	ame of Contact Person)		& Daytime Telephone Number)		
	sed ple 5 Filing	ase find a check made payabl g Fee		Department of State for: g Fee & Certified Copy		
		OURIER ADDRESS:		MAILING ADDRESS:		
_		Section Corporations		Registration Section Division of Corporations		
	n Build			P.O. Box 6327		
		ive Center Circle		Tallahassee, Florida 32314		
Tallah	iassec,	Florida 32301		•		

CR2E079 (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 a	ppears on the records of the Flor	ida Dep	artment
of State is:	Group LLC			·
2. The Florida docu L17000076407	•	ned to this limited liability compa	any is:	
Barrera Willia	mber/manager withdrew/resigne	ed or will withdraw/resign is:	/22/201	18 M R 27
(Print N	ame of Person Resigning)	_, hereby withdraw/resign as a		经
	Print Title)			9: 49
of this limited lial resignation in wri	• •	nited liability company has been	notified	d of my
Signature of Di	ssociating Member or Resigning	g Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			

7: