417000 254996

(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
		1			

Office Use Only



700326508747

U3/25/19--01018--019 ++25.00

FILED
2019 HAR 25 P 3 23

APR 0.2 BIS

: مستورين

COVER LETTER

ţ

TO: Registration Section Division of Corporations					
SUBJECT: National Rare Coins LLC (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:					
Keith A Schafer, ESQ (Contact Person)					
(Firm/Company)					
2300 NW Corporate Blud., Ste 141 (Address)					
Boca Ration FL, 33431 (City/State and Zip Code)					
For further information concerning this matter, please call:					
(Name of Contact Person) at (561) 241-9690 (Area Code & Daytime Telephone Number)					
Enclosed please find a check made payable to the Florida Department of State for: \$\sum_{\delta} \frac{1}{2} \fra					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					

CR2E079 (2/14)

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)

1. The name of the	limited liability company as it	appears on the record	s of the Florida Departmen
of State is: N	ational Ruse Coin	s /LC	
2. The Florida docu	iment/registration number assi	igned to this limited lia	ability company is:
82-369	3024	 ·	
3. The date this me	mber/manager withdrew/resig	ned or will withdraw/r	resign is:
4. I. Martin (Prim N	Bookston Jr. ame of Person Resignings	hereby withdraw/	resign as a
MGR	(Print Title)		
of this limited lial resignation in wr	pility company and affirm the ting.	limited liability compa	any has been notified of my
Minty Signature of Di	ssociating Member of Resigni	ng Manager	TOTALLAHASSEE.
	\$25.00 (Required) \$30.00 (Optional)		25 P 3 2 SELECTION