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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE			
	(Name of Limi	ted Liability Con	npany)
The en	closed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please	return all correspondence concerning t	his matter to:	
JENNIF	ER NORRIS		
	(Contact Person)		
SAVIN	GS SEEKER		
	(Firm/Company)		•
5401 BA	AYOU GRANDE BLVD NE		
	(Address)		•
ST. PET	ERSBURG, FL 33703		
	(City/State and Zip Code)		•
For fur	ther information concerning this matte	r, please call:	
JENNIF	ER NORRIS	863 at (934-8162
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
	ed please find a check made payable to Filing Fee		epartment of State for: Fee & Certified Copy
= J 2J	riting rec	מווווז ככב רו	ree & Centined 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

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)

CAM	limited liability company as NGS SEEKER, LLC	it appears on the records of the Florida Departm	ient
2. The Florida docu	ument/registration number as	ssigned to this limited liability company is:	
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is:	
4. I. LAZARUS GEO	RGE Tame of Person Resigning)	, hereby withdraw/resign as a	;
MGR	(Print Title)		
of this limited lia	bility company and affirm th	ne limited liability company has been notified of	
	issociating Member or Resig	gning Manager	2021 FEB 22
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	· e — [-1]-[2]-; H-	CORF Shirt