

L18000282755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

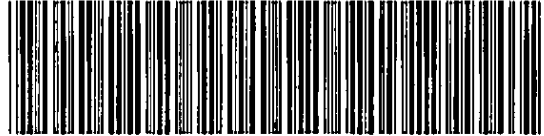
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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Dissociation of member

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEXGEN TRAINING AND LOGISTICS, 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:

PAUL D. GOTTFRIED

(Contact Person)

KODSI LAW FIRM, P.A.

(Firm/Company)

1000 NORTH HIATUS ROAD

(Address)

PEMBROKE PINES, FLORIDA 33026

(City State and Zip Code)

For further information concerning this matter, please call:

PAUL D. GOTTFRIED

(Name of Contact Person)

at (954) 771-8277

(Area Code & Daytime Telephone Number)

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

☒ \$25 Filing Fee

☐ \$55 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

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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: NEXGEN TRAINING AND LOGISTICS, LLC.

2. The Florida document/registration number assigned to this limited liability company is:
L18000282755.

3. The date this ~~member~~/manager ~~withdrew~~/resigned or will withdraw/resign is: October 11, 20¹⁹.

4. I, CHESTER SANTORO, hereby withdraw/resign as a
(Print Name of Person Resigning)
Manager
(Print Title)

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

DocuSigned by:
Chester Santoro
Signature of Resigning Manager

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

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