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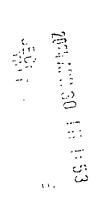
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## COVER LETTER

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SHRI	ECT:	NLG LLC,						
3000	LC1.	(Name of Limited Liability Company)						
The er	nclosed	d member, resignation or dis	sociatio	on and fe	e(s) are submitted for filing.			
Please	return	all correspondence concern	ing this	s matter t	o:			
George	e Ribaro	vski, Esq.						
		(Contact Person)			-			
Law Offices of George B. Ribarovski, PA,								
		(Firm/Company)			<del></del>			
4400 8	l. Federa	al Hwy. Suite 6						
	-	(Address)			<del></del>			
Lighthe	ouse Po	int, FL 33064				``		
		(City/State and Zip Code)						
For fu	rther ii	nformation concerning this n	natter. j	please ca	11:			
George	B. Rib	arovski, Esq.	at	954	586-4092			
	(N	fame of Contact Person)			ode & Daytime Telephone Nun	iber)		
Enclo:	sed ple	ase find a check made payab	ole to th	ne Florida	a Department of State for:			
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	<u>Mail</u> ii	n <u>g Address:</u>			Street Address:			
Registration Section			Registration Section					
	Division of Corporations			Division of Corporations				
		Box 6327			The Centre of Tallahasse			
	rana	hassee, FL 32314			2415 N. Monroe Street, S Tallahassee, FL 32303	suite 810		

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)

	limited liability company as it	appears on the records of the Flor	ida Department
L19000068264	·	igned to this limited liability compa	_
3. The date this me  4. 1. Kevin Valdes	mber/manager withdrew/resig	 ned or will withdraw/resign is: , hereby withdraw/resign as a	nary Et. 2024
(Print N	ame of Person Resigning)		· · · · · · · · · · · · · · · · · · ·
	- '	limited liability company has been	notified of my
Signature of Di	ssociating Member or Resigni	ng Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		