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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Division of Corporations NFC 360 , LLC **SUBJECT:** (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: Sabira Yusufali (Contact Person) NFC 360 , LLC (Firm/Company) 4850 Cains Wren Trail (Address) Sanford, Florida 32771 (City/State and Zip Code) For further information concerning this matter, please call: Muhammad Minhal Yusufali (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

Registration Section



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)

he Florida document/registration numbe	er assigned to this limited liability compan	y is:
84-4617374		
he date this member/manager withdrew.	resigned or will withdraw/resign is: 03/28/	/2020
Reza Mucklai	, hereby withdraw/resign as a	Эна
(Print Name of Person Resigning)	, nereby withdraw/resign as a	`.;
AMBR		56
(Print Title)		
this limited liability company and affire	n the limited liability company has been n	== otified₅of i
signation in writing.	- , ,	៍វា

CR2E079 (2/14)

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)