

K20 0000132 178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

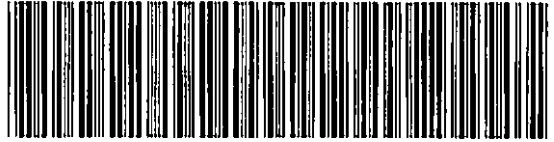
(Business Entity Name)

(Document Number)

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U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NDRE INVESTMENT PARTNERS, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Denial and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marlene Hart

Name of Person

SSM LAW GROUP

Firm/Company

1420 Gene St.

Address

Winter Park, FL 32789

City/State and Zip Code

INFO@SSMLAWGROUP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIKE SIGNH

Name of Person

at (407)

Area Code

900-9055

Daytime Telephone Number

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

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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: NDRE INVESTMENT PARTNERS, LLC.

2. The Florida document/registration number assigned to this limited liability company is:
L20000132178

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/14/2022

4. I, MARLENE HART, hereby withdraw/resign as a
(Print Name of Person Resigning)

Title AMBR

(Print Title)

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

Signature of Dissociating Member or Resigning Manager

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

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