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(Reque	stor's Name)	
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(City/St	ate/Zip/Phone #)	1
PICK-UP	WAIT	MAIL
(Busine	ss Entity Name)	
(Docum	ent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filin	g Officer:	

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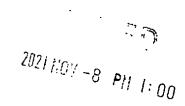
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COVER LETTER

	egistration Section	
D	Division of Corporations	
SUBJEC	NE Florida Permitting LLC	
	NE Florida Permitting LLC (Name of I	Limited Liability Company)
		ociation and fee(s) are submitted for filing.
Please re	turn all correspondence concerni	ng this matter to:
Vincent J	Gallo Jr	
	(Contact Person)	
NE Florida	Permitting LLC	
	(Firm/Company)	
125 Pineer	rest Circle	
	(Address)	
San Mateo	o, FL 32187	
	(City/State and Zip Code)	
For furth	er information concerning this m	atter, please call:
Vincent J (Gallo Jr	904 501-7877
	(Name of Contact Person)	at () (Area Code & Daytime Telephone Number)
Enclosed ☐ \$25 F		le to the Florida Department of State for: S55 Filing Fee & Certified Copy
	lailing Address: egistration Section	<u>Street Address:</u> Registration Section
D	vivision of Corporations	Division of Corporations
	O. Box 6327 allahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303





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)

	c limited liability company as it appears on the records of the Florida Department lorida Permitting ELC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I. Vincent J Gallo	Jr, hereby withdraw/resign as a
Managing Memb	
	(Print Title)
of this limited lic resignation in w	ability company and affirm the limited liability company has been notified of my riting.
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)