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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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COVER LETTER

| TO: Registration Section Division of Corporations |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: Nice Guy Enterprise 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: |
| David G. Cohen (Contact Person) |
| Nice Guy Enterprise LLC (Firm/Conlpany) |
| 2495 White Lilly Dr (Address) |
| 1hissimple FL 34747 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Name of Contact Person) at (40) 545-9682 (Name of Contact Person) (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Florida Department of State for: \$\sum \\$\times \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$ |
| Mailing Address:Street Address:Registration SectionRegistration Section |

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327



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 Depart | rtment |
|----------------------------------------------------------------------------------------------------------------------|-----------|
| of State is: Niceguy Enterprise LLC | · |
| 2. The Florida document/registration number assigned to this limited liability company is: | |
| L22000513604 | |
| 3. The date this member/manager withdrew/resigned or will withdraw/resign is: $\frac{5/8}{2}$ | 23 |
| 4. 1. Cokary Dajac , hereby withdraw/resign as a (Print Name of Person Resigning) | |
| AMBR (Print Title) | |
| of this limited liability company and affirm the limited liability company has been notified resignation in writing. | of my |
| | \3 |
| Signature of Dissociating Member or Resigning Manager | VECKE LAK |
| Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional) | |