M09000004314

(Requestor's Name)				
(Address)				
		,		
(Address)				
(City/State/Zip/Phone #)				
	_			
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Docume	nt Number)			
Certified Copies	Certificates of	Status		
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TALL AHASSEF, FLORIDA

M. Guillean SFP 23 7013

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NATIONAL ASSET (Name of Limited)	MANAGERS LLC Liability Company)
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
ANN S. ROGERS (Contact Person)	
NATIONAL ASSET (Firm/Company)	MANAGERS, LLC
13800 PARK BLVD. (Address)	
SEMINOLE, FL 337 (City/State and Zip Code)	16
For further information concerning this matter, p	please call:
ANN S. ROGERS at (Name of Contact Person)	(727) 458-7660 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	ne Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



FILED 2013 SEP 20 PM 4: 06 SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	• •	it appears on the records of the control of the con	-
2. This limited liabili	ty company was organized	under the laws of:	<u> </u>
	ent/registration number of	this limited liability compar	ny is:
4. I, ANN S. K	OGERS ne of Person Resigning)	, hereby resign as a	MGR (Print Title)
of this limited liabil resignation in writing		e limited liability company h	as been notified of my
Ans.	Loca		
Signature of Resign	ning M ember, Managing M	ember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		