110900004314

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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COVER LETTER

Registration Section **Division of Corporations** National Asset Managers LLC (Name of Limited Liability Company) The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Ann S. Rogers (Contact Person) **National Asset Managers LLC** (Firm/Company) 204 37th Avenue N. #285 (Address) St. Petersburg, FL 33704 (City/State and Zip Code) For further information concerning this matter, please call: Ann S. Rogers (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & \$25 Filing Fee **Certified Copy** STREET/COURIER ADDRESS: **MAILING ADDRESS:**

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

CR2E079 (5/06)

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

TO:



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

The name of the limited liability company as it ap of State is: National Asset Managers LLC	•	Department	
2. This limited liability company was organized undo State of Delaware	er the laws of:		
3. The Florida document/registration number of this M09000004314	limited liability company is:	2019 NOV 27	ESTE VAL
_{4. I.} Jackson H. Bowman III	, hereby resign as a Manager	PA PA	
(Print Name of Person Resigning)	(Print Titl	<u> </u>	
of this limited liability company and affirm the lim resignation in writing.	ited liability company has been not	fied of my	
Signature of Resigning Member, Managing Memb	per or Manager		
Filing Fee: \$25.00 (Required)			

Certified Copy:

\$30.00 (Optional)