Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000278298 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NRAI SERVICES, LLC

Account Number : I20080000104 Phone : (302) 674-4089 Fax Number : (302)674-5266

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1348 DREXEL, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Ging MCLEOD

NOV 28 2012

FXAMINER

H12000278298 3



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the lin of State is: 134	mited liability company as i 8 Drexel, LLC	it appears on the records of the Florida Department
2. This limited liabili Delaware	ity company was organized	under the laws of: 
3. The Florida docum M10000002	<del>-</del>	this limited liability company is:
4. I. Rodie Ben-	Simon	, hereby resign as a Manager
(Print Name of Person Resigning)		(Print Title)
of this limited liab resignation in writi		e limited liability company has been notified of my
	ilo.s	
Signature of Resigning Member, Managing Member or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	
CR2E079 (5/06)		