Division of Corporations Public Access System

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Account Name : THOMAS C. COBB P.A.

Account Number : 110670000060 Phone : (305)571-8062

Fax Number ; (30)

; (305)571-8063

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REGISTERED AGENT RESIGNATION

NMBP CORP.

Certificate of Status	0
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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, 67 617.1509,		
Florida Statutes, the undersigned, Linda Ebin		
(Name of Registered Agent)	8 8 8	
hereby resigns as Registered Agent for NMBP Corp.		
(Name of Corporation)	APR -	
P02000044866		=
(Document Number, if known)	9 3	רי
A copy of this resignation was mailed to the above listed corporation at its last known address		
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. (Signature of Resigning Agent)	37 37	
If signing on behalf of an entity:		
(Typed or Frinted Name)		

Fee for filing this document:

\$87.50 - Active corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahasses, FL 32314

(Capacity)

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