416000104164

| (Req | uestor's Name) | <u> </u> | | |
|---|-----------------|--------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Address) | | | | |
| (City) | /State/Zip/Phon | ne #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificate | es of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | | | |
|--------|---|-----------------|---|---------|
| | Noebell Holdings, LLC | | | |
| SUBJ | IECT: | | | |
| | (Name of Limite | d Liability Co. | mpany) | • |
| The e | nclosed member, resignation or dissociat | ion and fee(: | s) are submitted for filing. | |
| Please | e return all correspondence concerning th | is matter to: | | |
| Rica | rdo E. Pines, Esq. | | | |
| | (Contact Person) | | - : | FQ |
| Rica | rdo E. Pines, P.A. | | | <u></u> |
| | (Firm/Company) | | - | ا دع |
| 3301 | Ponce de Leon Blvd., Suite 200 | | | IJ |
| - | (Address) | | _ | :3: |
| Cora | l Gables, Florida 33134 | | | 05 |
| | (City/State and Zip Code) | | _ | |
| For fu | orther information concerning this matter. | please call: | | |
| Rica | rdo E. Pines, Esq. | 305 | 461-5757 _) | |
| | (Name of Contact Person) | (Area Code | & Daytime Telephone Number) | • |
| | sed please find a check made payable to 5 Filing Fee | | Department of State for: g Fee & Certified Copy | |
| | EET/COURIER ADDRESS: | | MAILING ADDRESS: | |
| _ | tration Section | | Registration Section | |
| | ion of Corporations | | Division of Corporations | |
| | n Building | | P.O. Box 6327 | |
| | Executive Center Circle nassee, Florida 32301 | | Tallahassee, Florida 32314 | |

CR2E079 (2/14)

7



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)

| | | (|
|--|--|--|
| Noet | limited liability company as pell Holdings, LLC | it appears on the records of the Florida Department |
| 2. The Florida docu L16000104164 | - | ssigned to this limited liability company is: |
| Kate Anagno: 4. I. | stou | igned or will withdraw/resign is: hereby withdraw/resign as a |
| | Print Title) | |
| of this limited liab resignation in wri | | ne limited liability company has been notified of my |
| | | |
| Signature of Di | ssociating Member or Resig | ming Manager |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | |

CR2E079 (2/14)