

L2100030447C

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2024 JUN 17 PM 2:05  
CLERK OF SUPERIOR COURT  
JANUARY 17 2024

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Nothing But Blessings LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Lorne Jordan  
(Contact Person)

Nothing But Blessings LLC  
(Firm/Company)

10151 Deerwood Park Blvd Bldg 200 Ste 250  
(Address)

Jacksonville, FL 32256  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lorne Jordan at ( 904 ) 1486844  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



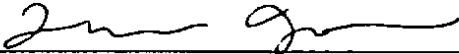
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Nothing But Blessings LLC
2. The Florida document/registration number assigned to this limited liability company is:  
121000304470
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/9/24
4. I, Thomasena Jordan, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
manager  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
2024 JUN 17 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA