

103000001991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

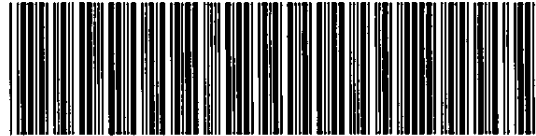
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100293485531

12/29/16--01013--008 \*\*50.00

FILED  
16 DEC 29 AM 7:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Law Offices of*  
*Steven Michael LaBret, P.A.*  
*501 N. Magnolia Avenue, Suite 110B*  
*Orlando, Florida 32801*

LL.M. IN TAXATION  
ALSO ADMITTED IN LOUISIANA  
AND MICHIGAN BARS

PHONE # (407) 422-5819  
FAX # (407) 440-1442  
E-MAIL: Labretpa@cf.rr.com

December 27, 2016

Div. of Corporation  
Registration Section  
Post Office Box 6327  
Tallahassee, FL 32314

Re: **Lender:** Lisa K. Walker  
**Borrower:** Steven J. Walker  
**Guarantor(s):** Nizach Properties, LLC and  
Catholic Heart Workcamp, LLC  
**County:** Seminole

---

**Our Client:** Lisa K. Walker  
**Our File No:** 1384-W-001

Dear Sir/Madam:

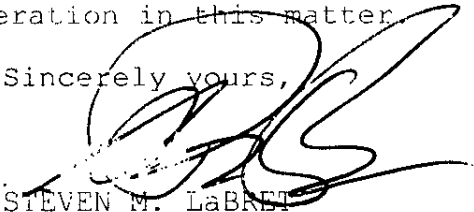
Enclosed find our check for **\$50.00** to cover the recording of the following document(s):

1. Dissociation or Resignation of Member (Nizach)
2. Dissociation or Resignation of Member (CHWC)

Please send the recorded document(s) to the undersigned in the enclosed self-addressed stamped envelope.

Thank you for your anticipated cooperation in this matter.

Sincerely yours,



STEVEN M. LABRET

SML/ao  
Encls.



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: NIZACH PROPERTIES, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L03000001991

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2016

4. I, Lisa K. Walker, 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  
16 DEC 29 AM 7:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA