

104 0000 42259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

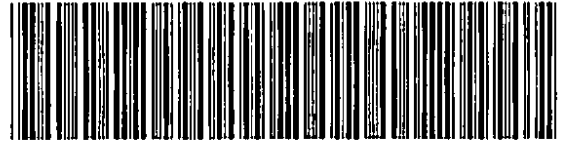
(Document Number)

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MAR 16 2022

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2022 MAR -7 PM 12:17  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301



March 4, 2022

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

RE: North Pointe Center, LLC (Doc. No. L04000042259)

Enclosed please find Dissociation or Resignation of Member of North Pointe Center, LLC, and check number 2626 in the amount of \$25.00 in payment of the filing fee. Please use the above contact information for all correspondence and if further information is needed for this matter.

Please do not hesitate to call if you have any questions and thank you in advance for your attention to this matter.

Sincerely,

Eric S. Haug

Enclosures

T 850 583 1480  
F 855 825 4449  
<https://proper-law.com>

1701 Hermitage Blvd, Suite 104  
Tallahassee, Florida 32308  
[eric@proper-law.com](mailto:eric@proper-law.com)



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
2022 MAR -7 PM 12:11  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310

**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: North Pointe Center, LLC

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

L04000042259

3. The date this member/manager withdrew/resigned or will withdraw/resign is: March 1, 2022

4. I, Ray Yawn, hereby withdraw/resign as a

*(Print Name of Person Resigning)*

Authorized Member

*(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)