

**LD7000111397**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

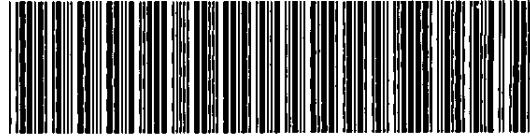
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



**800230082488**

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**FILED**  
**12 APR 20 PM 1:44**  
CLERK OF STATE  
ALBUQUERQUE, NEW MEXICO

**D. BRUCE**

**APR 23 2012**

**EXAMINER**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Absalon Properties, LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Aracelli Hyde

(Contact Person)

Absalon Properties, LLC

(Firm/Company)

16562 83rd Place North

(Address)

Loxahatchee, FL 33470

(City/State and Zip Code)

For further information concerning this matter, please call:

Aracelli Hyde

(Name of Contact Person)

at ( 561 ) 961-1337

(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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

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12 APR 20 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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


1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Absalon Properties, LLC

2. This limited liability company was organized under the laws of:  
Any and all lawful business

3. The Florida document/registration number of this limited liability company is:  
L07000111397

4. I, Jose L Nicho, hereby resign as a Manager  
(Print Name of Person Resigning) (Print Title)

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

  
\_\_\_\_\_  
Signature of Resigning Member, Managing Member or Manager

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

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

12 APR 20 PM 1:46

FILED