

LOG 0000007362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NORTH BAY MOBILE HOME LIVING, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GEORGE BABER

Name of Person

NORTH BAY MOBILE HOME LIVING, LLC

Firm/Company

4602 CARLA LANE

Address

PANAMA CITY, FLORIDA 32405

City/State and Zip Code

northbaymhl@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GEORGE BABER

850

896-8336

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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: NORTH BAY MOBILE HOME LIVING, LLC

2. The Florida document/registration number assigned to this limited liability company is:
LOS000007362

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/01/2020

4. I, KAREN BABER, hereby withdraw/resign as a
(Print Name of Person Resigning)
MANAGER/REGISTERED ASSISTANT
(Print Title)

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

Karen Baber

Signature of Dissociating Member or Resigning Manager

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

CONFIRMED
12/01/2020
PM 8:31

KB