L080000 80693

(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



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08/26/2021 TH

Division o	f Corporations		
SUBJECT:	Mest Hone (Name of Limit	Mana Sewett ed Liability Company)	, LLC
The enclosed men	nber, resignation or dissocia	tion and fee(s) are submi	tted for filing.
Please return all c	orrespondence concerning th	his matter to:	
nyan	(Contact Person)		
Nest	Home Manager (Firm/Company)	+	
21346	Sant Andrews (Address)	BL/#430	
	Retry F(3)		
For further inform	nation concerning this matter	r, please call:	
	MULLED of Contact Person)	at (Area Code & Daytime	7 - 4185 Felephone Number)
Enclosed please fill \$25 Filing Fee	ind a check made payable to	the Florida Department of the \$55 Filing Fee & Cer	
Mailing Add Registration Division o P.O. Box 6	on Section f Corporations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314



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 li of State is:			rds of the Florida Department
2. The Florida document/reg	stration number assign	ed to this limited	
L080008	0693	_•	
3. The date this member/mar	ager withdrew/resigne	d or will withdraw	$\frac{7}{31/202}$
4. I, Mark No	on Resigning)	_, hereby withdrav	v/resign as a
MSm (Print Title)			
of this limited liability comresignation in writing.	pany and affirm the lin	nited liability com	pany has been notified of my
MV	·		
Signature of Dissociating	Member or Resigning	Manager	
Filing Fee: \$25.00 Certified Copy: \$30.00	` - '		