

L13000087884

(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



700295400137

02/14/17--01013--015 \*\*55.00

FEB 15 2017  
S. YOUNG

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 FEB 14 AM 7:20

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NORTH PORT GYMNASTICS, LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

LANCE C. BALL, ESQ.  
(Contact Person)

BALL LAW, P.A.  
(Firm/Company)

18245 PAULSON DRIVE  
(Address)

PORT CHARLOTTE, FL 33954  
(City/State and Zip Code)

For further information concerning this matter, please call:

LANCE C. BALL, ESQ. at ( 941 ) 740-2255  
(Name of Contact Person) (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

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
17 FEB 14 AM 7:20



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 PORT GYMNASTICS, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L13000087884

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/19/2017

4. I, STEVE NUNNO, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

OWNER  
*(Print Title)*

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

17 FEB 14 AM 8:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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