

L14000051854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

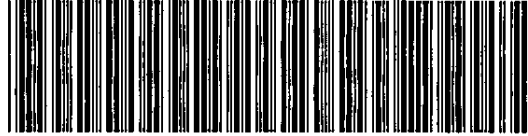
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 17 2015

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nirvana Property Connetion, 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:

Jennifer Faeth

(Contact Person)

Nirvana Property Connection, LLC

(Firm/Company)

1903 Bermuda Circle, Suite C4

(Address)

Coconut Creek, FL 33066

(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer Faeth

at 877 262-5307

(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



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: Nirvana Property Connection, LLC

2. The Florida document/registration number assigned to this limited liability company is: L14000051854

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

4. I, Benjamin Weist, hereby withdraw/resign as a
(Print Name of Person Resigning)

Managing 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)



CR2E079 (2/14)

Kenny Ohas
State of Florida
MY COMMISSION # FF 205332
Expires: March 3, 2019

State of Florida
County of Miami Dade
The foregoing instrument was acknowledged before
me this 31 day of October, 2015.
by Benjamin Weist
Personally known OR Produced Identification ✓
Produced Driver's License
Notary Public