LI4000171810

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Business Entity Name)			
(Document Number)			
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DIVISION OF CARE STATIONS

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COVER LETTER

TO: Registration Section Division of Corporations

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SUBJECT: NEXT BIG MOVE 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:

MICHAEL MACKHANLALL ESQ.

(Contact Person)

MACK LAW PA O/B/O NEXT BIG MOVE LLC

(Firm/Company)

37 N ORANGE AVE SUITE 500

(Address)

ORLANDO FL 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL MACKHANLALL, ESQ.	407	926-6613
	at ()
(Name of Contact Person)	(Area Code a	& Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$25 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

CR2E079 (2/14)



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)

2. The Florida document/registration number assigned to this limited liability company is: L14000171810

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

4. I. EMILY NICKLEY

_____, hereby withdraw/resign as a

(Print Name of Person Resigning)

MANAGER (MGR)

(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)



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CR2E079 (2/14)