

LIS 00000 7155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

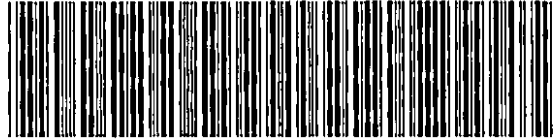
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECTION OF CORPORATIONS  
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*dis. of member.*

JUN 20 2019

D CUSHING

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NEI South 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 T. O'Neil, Esq.

(Contact Person)

Schlossberg, LLC

(Firm/Company)

35 Braintree Hill Office Park, Suite 401

(Address)

Braintree, MA 02184

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael T. O'Neil, Esq.

(Name of Contact Person)

at ( 781 ) 848-5028

(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

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DIVISION OF CORPORATIONS  
19 JUN -4 AM 11:02



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)

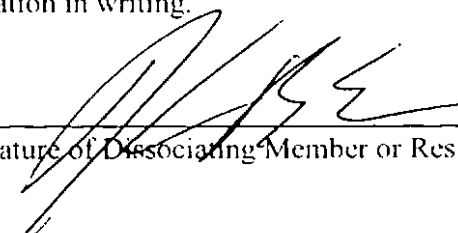
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: NEI South LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L15000007155

3. The date this member/~~manager~~ ~~withdrew~~/resigned ~~or will withdraw/resign~~ is: 05/23/2019

4. I, Kevin Fish, hereby ~~will~~ ~~withdraw~~ resign as a  
*(Print Name of Person Resigning)*  
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)

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CLERK OF STATE  
DIVISION OF CORPORATIONS  
19 MAY -11 PM 11:02