## L15000017821

(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:	





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07/28/20--01033--018 \*\*25.00

2020 JUL 28 PH 5: 12 SECRETARY OF STATE

Ja 09/21/20

## **COVER LETTER**

TO: Registration Section Division of Corporations	, ,
SUBJECT: NAO Homes LLC (Name of Lim	ited Liability Company)
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Ginger Hanson	
(Contact Person)	<del></del>
NAO Homes LLC	
(Firm/Company)	
PO Box 430473	
(Address)	
Big Pine Key, FL 33043	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
Ginger Hanson	at (305 ) 204-6133
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	o the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



## 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 a	as it appears on the recor	rds of the Florida Department
of State is: NAC	Homes LLC		·
2. The Florida docu	.ment/registration number	assigned to this limited l	liability company is:
L1500001782	1		
3. The date this me	mber/manager withdrew/re	esigned or will withdraw	/resign is: 7.22.20
4. j. James D Han	son Jr ame of Person Resigning)	. hereby withdraw	v/resign as a
Manager			
of this limited lial		the limited liability com	pany has been notified of my
resignation in wr	ssociating Member or Resi	gning Manager	2020 JUL 28 SECRETARY TALLAHAS
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		PR 5: 1: OF STATI SSEE, FL