

L15000 116587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

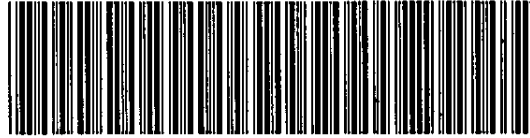
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 02 2016

J SHIVERS

16 MAY 31 AM 7:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NOCARAN LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NORA GAULTNEY

Name of Person

NOCARAN LLC

Firm/Company

380 Whitehorn Dr.

Address

Miami Springs, FL 33166

City/State and Zip Code

nbragaultney@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NORA GAULTNEY

305

786-975-5822

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy



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: NOCARAN LLC

2. The Florida document/registration number assigned to this limited liability company is:
L15000116587

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/17/2016
JOHANNA SANTACOLOMA

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

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)

FILED
16 MAY 31 AM 7:05
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA