116000 232 647

(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:			

Office Use Only



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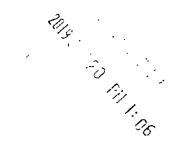
I ALBRITTON

COVER LETTER

TO:	_	stration Section ion of Corporations			
SUBJ	ECT:	NJN ENTERPRISE EAGLE	VIEW LLC		
		(Name of Lim	ited Liability Cor	npany)	
The er	iclosed	I member, resignation or dissoci	ation and fee(s	s) are submitted for filing.	
Please	return	all correspondence concerning	this matter to:		
GRA	CE FI	SHTER			
		(Contact Person)	-	_	
		(Firm/Company)		_	
271 5	SW 5T	H STREET			
		(Address)	·	_	
вос	A RAT	ON, FLORIDA 33432			
		(City/State and Zip Code)		_	
For fu	rther in	nformation concerning this matte	er, please call:		
WILL	IAM B	EAMER	954 _ at (561-7700	
	(N	ame of Contact Person)		& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$\Bigsig \text{\$\text{\$\text{\$\text{55} Filing Fee}\$}} \Bigsig \$\text{\$\exitit{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\$					
Regist Divisi	tration	OURIER ADDRESS: Section Corporations ling		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301				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)

	Imited liability company as it appears on the records of the Florida Department I ENTERPRISE EAGLE VIEW LLC
2. The Florida doc L1600023264	ument/registration number assigned to this limited liability company is:
4. I. GRACE FIS	ember/manager withdrew/resigned or will withdraw/resign is: 06/18/2019 HTER
MANAGER	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)