1100000000

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	ry/State/Zip/Phone	e #)		
(=:	,,	,		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Dc	cument Number)			
(50	cument Humber,			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
<u> </u>				

Office Use Only



400293935644

01/09/17--01039--017 **25.00

JAN 1 0 2017 S. YOU'NG 17 JAN -9 PH 4: 01

COVER LETTER

TO:

CR2E079 (2/14)

Registration Section

Division of Corporations		
SUBJECT: GOODNIGHT INVESTMEN	T ONE, LLC	
	nited Liability C	ompany)
The enclosed member, resignation or dissoci	ation and fee	e(s) are submitted for filing.
Please return all correspondence concerning	this matter to) :
Kirmeth Lenore Goodnight		
(Contact Person)		_
Goodnight Investment One, LLC		
(Firm/Company)		_
614 Branscomb Road		
(Address)		_
Green Cove Springs, FL 32043		
(City/State and Zip Code)		···
For further information concerning this matt	er, please cal	1:
Kirmeth Lenore Goodnight	904 at (291-7415
(Name of Contact Person)	_ \	de & Daytime Telephone Number)
Enclosed please find a check made payable t ■ \$25 Filing Fee		Department of State for: . ng 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

17 JAN -9 PM 4: (



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 Dep	a rij nent
of State is:	DDNIGHT INVESTMENT OF	NE, LLC	JAH-
L1700000104	2	gned to this limited liability company is:	-9 PM 4: 01
3. The date this me	mber/manager withdrew/resign	ed or will withdraw/resign is:	17=
4. I, Rebecca Roo	ene Goodnight Everitt	, hereby withdraw/resign as a	
Authorized M			
	(Print Title)		
of this limited lia resignation in wr		imited liability company has been notified	d of my
Rober	call Everyt	.	
Signature of Di	ssociating Member or Resignin	ng Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		