

470006599

(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



100297550391

04/20/17--01027--010 **110.00

APR 21 2017
S. YOUNG

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 APR 20 PM 2:42

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NLH Land Acquisition II 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:

Jed F. Kirby

(Contact Person)

NLH Land Acquisition II LLC

(Firm/Company)

610 W. De Leon Street

(Address)

Tampa, FL 33606

(City/State and Zip Code)

For further information concerning this matter, please call:

Jed F. Kirby

at (813) 453-7608

(Name of Contact Person)

(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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 APR 20 PM 2:42



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: NLH Land Acquisition II LLC
2. The Florida document/registration number assigned to this limited liability company is:
L17000065959
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/14/2017
4. I, Jed F. Kirby, hereby withdraw/resign as a
(Print Name of Person Resigning)
Member/AR
(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
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APR 20 PM 2:42