L17000156441

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
•		
(Cit	ty/State/Zip/Phone	· #)
	.,	•
. PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Dd	ocument Number)	
Certified Copies	Certificates	of Status
r		
Special Instructions to Filing Officer:		
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09/24/18--01018--031 **50.00

9/27/1825

COVER LETTER

TO: Registration Section Division of Corporation	ns	
SUBJECT: 122NLST, LLC		
Jobater.	(Name of Limited Liability Co.	mpany)
The enclosed member, resigna	tion or dissociation and fee(s) are submitted for filing.
Please return all correspondence	e concerning this matter to:	
James C. Paine, Jr.		
(Contact P	erson)	_
122NLST, LLC		
(Firm/Com	ipany)	
2831-A Exchange Court		.,
(Address	5)	_
West Palm Beach, Florida 3	33409	•
(City/State and	Zip Code)	-
For further information concer	ning this matter, please call:	<i>د</i>
James C. Paine, Jr.	561	346-4685
(Name of Contact Per		& Daytime Telephone Number)
Enclosed please find a check n ■ \$25 Filing Fee		Department of State for: 2 Fee & Certified Copy
STREET/COURIER ADDRI	ESS:	MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations
Clifton Building		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)

	, ,	s it appears on the records of the Florida Department
of State is:	NLST, LLC	
2. The Florida docu	ument/registration number a	assigned to this limited liability company is:
L1700015644	1	
3. The date this me	mber/manager withdrew/re	signed or will withdraw/resign is: $9/15/18$
4. I. Bailey K. Pai	ne	, hereby withdraw/resign as a
(Print N	Jame of Person Resigning)	, hereby withdraw/resign as a
Manager		
	(Print Title)	
of this limited lia resignation in wr	•	he limited liability company has been notified of my
Lailey ;	K. Pairn	
Signature of D	issociating Member or Resi	gning Manager
_	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	- 1