

L17000 175254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

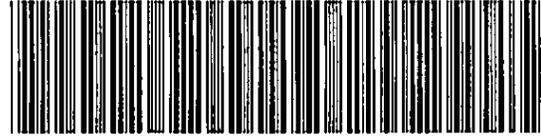
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 SEP 16 AM 10:24
STATE OF MASSACHUSETTS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NOMADE VILLA COLLECTION LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L17000175254

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAMONEWALKER
Name of Person

RAMONEWALKER, LLC
Name of Firm/Company

8412 SW 29TH ST
Address

MIRAMAR, FL 33025
City/State and Zip Code

TAXDRILLINFO@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAMONE WALKER at (954) 696-2732
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

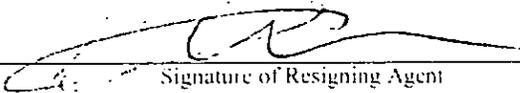
RAMONEWALKER, LLC _____, hereby resigns as
Name of Registered Agent

Registered Agent for NOMADE VILLA COLLECTION LLC _____
Name of Limited Liability Company

L17000175254 _____
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

RAMONE WALKER _____
Typed or Printed Name
OWNER / PRESIDENT _____
Capacity

FILED
2021 SEP 16 AM 10:24
STATE OF FLORIDA
TALLAHASSEE, FL

FILING FEES:

- \$ 85.00 Active limited liability company
- \$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314