

L17000179054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

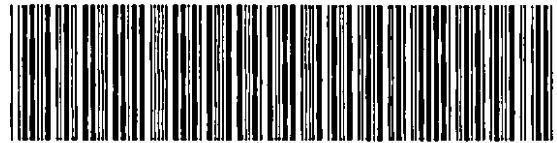
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200305653922

11/16/17--01018--008 **25.00

17 NOV 16 AM 7:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NONA DEVELOPERS 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:

ANGELA MACK

(Contact Person)

Tax Accounting & Financial Specialists, LLC

(Firm/Company)

2295 S. Hiawasse Rd Ste 407F

(Address)

Orlando-Florida 32835

(City/State and Zip Code)

For further information concerning this matter, please call:

Angela Mack

(Name of Contact Person)

407 710-0808

at ()
(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



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: Florida

2. The Florida document/registration number assigned to this limited liability company is:
L17000179054

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/31/2017

4. I, PINHEIRO HOMES GROUP LLC, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

17 NOV 16 AM 7:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA