

L17000217604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

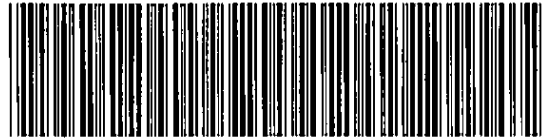
(Business Entity Name)

(Document Number)

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2020 SEP 10 AM 9:42  
CLERK OF STATE  
TALLAHASSEE, FL

10/30/20

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MCCNC HOLDING 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:

MACDONALD CARRY  
\_\_\_\_\_  
(Contact Person)

MCCNC HOLDING LLC

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(Firm/Company)

941 E 33RD STREET  
\_\_\_\_\_  
(Address)

HIALEAH, FL 33013

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(City/State and Zip Code)

For further information concerning this matter, please call:

MACDONALD CARRY at (530) 5663220  
(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

**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



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: MCCNC HOLDING LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L17000217604

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07/21/2020

4. I, NATIVIDA CHARLES, 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.

Nativida Charles

Signature of Dissociating Member or Resigning Manager

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

**FILED**  
2020 SEP 10 AM 9:42  
DEPARTMENT OF STATE  
TALLAHASSEE, FL