

47000250075

(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



900315855589

07/19/18--01007--001 **25.00

FILED
2018 JUL 19 PM 4:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

D BRUCE
JUL 25 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLACKNOVA, 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:

Brent Young

(Contact Person)

BLACKNOVA, LLC

(Firm/Company)

1063 Narrow Gauge Ct.

(Address)

Winter Garden, FL 34787

(City/State and Zip Code)

For further information concerning this matter, please call:

Brent Young

(Name of Contact Person)

at 321 356-5010

(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
2010 JUL 29 PM 4:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA



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: BLACKNOVA, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L17000250078

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/16/2018

4. I, Robert H Adams, hereby withdraw/resign as a
(Print Name of Person Resigning)

MRG

(Print Title)

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

Robert H Adams

Signature of Dissociating Member or Resigning Manager

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

FILED
2018 JUL 09 PM 4:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA