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COVER LETTER

_	stration Section sion of Corporations		
SUBJECT:	Athena NSites, LLC		
	(Name of	Limited Liability Con	npany)
The enclosed	d member, resignation or diss	ociation and fee(s) are submitted for filing.
Please return	all correspondence concerni	ng this matter to:	
Elizabeth M	1. Blank		
	(Contact Person)		_
Athena NSi	ites, LLC		
	(Firm/Company)		<u>-</u>
4600 SW 9	th Ave, Apt A		
	(Address)		-
Cape Coral	l, FL 33914		
	(City/State and Zip Code)		_
For further in	nformation concerning this m	atter, please call:	
Elizabeth M	1. Blank	770 at (696-7578
(N	ame of Contact Person)		& Daytime Telephone Number)
Enclosed ple \$25 Filing	ease find a check made payab g Fee		Department of State for: Fee & Certified Copy
	OURIER ADDRESS:		MAILING ADDRESS:
Registration			Registration Section
Division of Clifton Build	•		Division of Corporations P.O. Box 6327
	ive Center Circle		Tallahassee, Florida 32314
	Florida 32301		Tanadood Fiorida 22217

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)

	limited liability company as na NSites, LLC	it appears on the records of the Flo	orida Department
2. The Florida doci		signed to this limited liability com	ipany is:
Nicolo D Adk	ino	igned or will withdraw/resign is: _, , hereby withdraw/resign as a	
Member	lame of Person Resigning) (Print Title)	, hereby withdraw/resign as a	
	bility company and affirm the	e limited liability company has bee	en notified of my
Filing Fee:	ssociating Member or Resign \$25.00 (Required) \$30.00 (Optional)	ning Manager	2019 FEB 27