

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000387504 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SHUTTS & BOWEN LLP (ORLANDO)

Account Number : I20030000004 Phone : (407)835-6769 Fax Number : (407)843-4076

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

il Addmoss:	corpmail@shutts.com

LLC REGISTERED AGENT RESIGNATION NSD MISSION GROVE, LLC

Certificate of Status	0			
Certified Copy	0			
Page Count	02			
Estimated Charge	\$25.00			

Electronic Filing Menu

Corporate Filing Menu

NOV 0 9 2023

K. Brumbley

(((H23000387504 3)))

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	s of section 605.0115,	Florida Statutes, the t	undersigned,			
Carol Chang , hereby resi			, hereby resigns	as		
Registered Agent for						_
NSD	Mission Grove, LLC					_1
	Name of Limit	ed Liability Company				
L18000289869						
Document Nun	nber, if known					
The agency is terminated If signing on behalf of an	C	tinued on the 31st day		ich this state		s filed.
	Ту	ped or Printed Name			2023 NOV -8	
	FILING F \$ 85.00 \$ 25.00	Capacity FEES: Active limited liabili Administratively dis withdrawn limited l	ity company solved/voluntarily d iability company	issolved/	3 AM 7: 23	

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

INHS17 (2/14)