## L2000051199

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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08/30/24--013 \*\*%5.00



Office Use Only

## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: \_\_\_\_\_

(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:

**Osmel Nieves** 

(Contact Person)

NWO Haunt LLC

(Firm/Company)

7440 SW 50 TERRACE, UNIT 107

(Address)

MIAMI, FL 33155

(City/State and Zip Code)

For further information concerning this matter, please call:

Osmel Nieves \_\_\_\_\_\_\_\_at (\_\_\_\_\_\_) (Name of Contact Person) \_\_\_\_\_\_at (\_\_\_\_\_\_) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: **2** \$25 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

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 4, 2024

ALEXANDER GONZALEZ 7440 SW 50 TERRACE UNIT 107 MIAMI, FL 33155

SUBJECT: NWO HAUNT, LLC Ref. Number: L20000051199

We have received your document for NWO HAUNT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document. please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 624A00019791



FILED

2024 OCT -7 PM 4: 10

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)

- 2. The Florida document/registration number assigned to this limited liability company is: L20000051199
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_
- Alexander Gonzalez

\_\_\_\_\_, hereby withdraw/resign as a

Manager

(Print Title)

(Print Name of Person Resigning)

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

Signature of Dissociating Member or Resigning Manager

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

CR2E079 (2/14)