

L20 0000316 227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

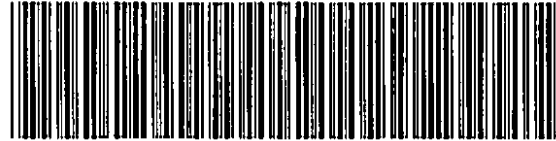
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100358120221

01/14/21--01016--007 **25.00

2021 JAN 14 AM 9:54
FILED
TOLSON

O SIMMONS

FEB 20 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GREG NUNN HOME
(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:

greg NUNN
(Contact Person)

greg NUNN HOME LLC
(Firm/Company)

3110 OBERLIN AVE
(Address)

ORLANDO FL 32804
(City/State and Zip Code)

For further information concerning this matter, please call:

GREG NUNN at (321) 543 1104
(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)

FILED
2021 JAN 14 AM 9:54
STATE OF FLORIDA

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: BREG NUNN HOME LLC

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

L20000316227

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/01/20

4. I, CLAUDIA NUNN, hereby withdraw/resign as a
(Print Name of Person Resigning)

Authorized Member
(Print Title)

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

Claudia Nunn

Signature of Dissociating Member or Resigning Manager

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