

3/17/22, 2:23 PM

Division of Corporations

L20000356126

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407)843-8880
Fax Number : (407)244-5690

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

Email Address: jakenoble013@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JAKE NOBLE HOME, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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STATE OF FLORIDA
DIVISION OF CORPORATIONS

2022 MAR 17 AM 10:59

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MAR 18 2022

T. LEMIEUX

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jake Noble Home, 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:

W. Michael Clifford

(Contact Person)

Gray Robinson PA

(Firm/Company)

301 E. Pine Street, Suite 1400

(Address)

Orlando, FL 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

W. Michael Clifford

(Name of Contact Person)

at (407) 244-5643
(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

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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)

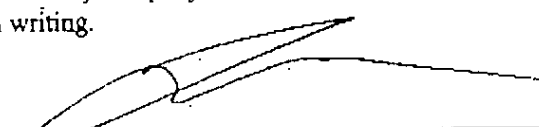
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Jake Noble Home, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L20000356126

3. The date this ~~member~~/manager ~~withdrew~~/resigned ~~as a member~~ is: 02/11/2022

4. I, Gary S. Salzman, hereby ~~withdrew~~/resign as a
(Print Name of Person Resigning)
Sole Manager
(Print Title)

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)

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TALLAHASSEE, FLORIDA

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