

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(= 1.1.1.)
(Document Number)
(Bassine in Asimper)
Certified Copies Certificates of Status
Certified Copies Certificates di Status
Special Instructions to Filing Officer:

Office Use Only



400425598114

03/18/24--01023--028 **25.00





COVER LETTER

Registration Section **Division of Corporations** Nordvind II Development, LLC **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: Peter Pike, Esq. (Contact Person) Pike Law Firm (Firm/Company) 4901 26th St., W. (Address) Bradenton, FL 34207 (City/State and Zip Code) For further information concerning this matter, please call: Peter Pike (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: Street Address: Registration Section **Registration Section Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:



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)

of State is:	da DORDU	nd H	Development, LCC	
			nis limited liability company is:	<u> </u>
3. The date this me	ember/manager withdrew/re	signed or wil	II withdraw/resign is:	_
Richard Cunning	gham		oy withdraw/resign as a	
Manager	(Print Title)			
resignation in w			ability company has been notified of	my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		ess.	