

# L21000035194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

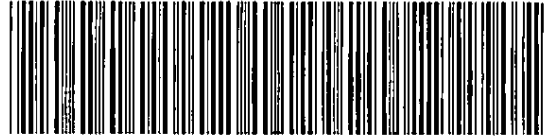
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500424364805

FILED

2024 MAR 12 PM 12:15

CLERK OF COURT  
TALLAHASSEE, FLORIDA

RECEIVED

2024 MAR 12 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext:

To: Department Of State, Division Of Corporations  
From: Shauna Godbolt  
Ext:  
Date: 03/12/24  
Order #: 1446676-1  
Re: 4441 NMA, LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.0 - FL State Account Number:  
I20000000195  
AUTH

A handwritten signature in black ink, appearing to read 'Shauna Godbolt', is written over the word 'AUTH'.

Please take the following action:

File in your office on basis  
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
2024 MAR 12 PM 12:15  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**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: 4441 NMA, LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L21000035194
3. The date this member/manager withdrew/resigned or will withdraw/resign is: December 20, 2023
4. I, Efrain Jove, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
Manager  
(Print Title)

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

Efrain Jove

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional) CSC AMEND-10347