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	ion Section					
Division	of Corporations					
SUBJECT:	Northstream	n Group T Limited Liability Co	LLC ompany)			
The enclosed mo	ember, resignation or di			filing.		
	correspondence concer			2		
Keri	ri Weems					
	(Contact Person)		<u> </u>			
	(Firm/Company)		_			
	(rimi/Company)					
1000 Riv	erside Avenu	e 8th floor	_			
Jack	Son VIIIe, FL 3 (City/State and Zip Code)	32204	_	2021 APR -5		
	·					
For further infort	nation concerning this	natter, please call	:	5 · · · · · · · · · · · · · · · · · · ·		
ASHK	y Hawk of Contact Person)	at (904) 694-2297	1 Number)		
(Name	of Contact Person)	(Area Code	e & Daytime Telephone	: Number) N		
Enclosed please i	find a check made payal					
\$25 Filing Fee		□ \$55 Filin	g Fee & Certified Co	ру		
Mailing Ad			Street Address:			
			Registration Section Division of Corporations			
P.O. Box	6327		The Centre of Tallal			
## ## · ·			2415 N. Monroe Str	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)

1. The name of the	limited liability company as it appears on	the records of the Florida Do	enartment
	Northstream Group LLC		,
	ument/registration number assigned to this	limited liability company is:	:
	mber/manager withdrew/resigned or will	· ·	
4.1. <u>Charles</u> (Print N	Storall Weems, V. hereby	withdraw/resign as a	
Man	(Print Title)		
of this limited lia resignation in wr	bility company and affirm the limited liabi	lity company has been notifi	ed of my
Signature of Di	ssociating Member or Resigning Manager		21
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	TALLAHASSE	021 APR -5 PM