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(Requestor's Name)			
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PICK-UP WAIT MAIL			
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6/28/23 VW



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NMB Florid (Name of Limited Lie	e Proportes LLC ability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to:
Nathalie Blum	
(Contact Person)	
NMB Monda Prop	afres LLC
(Firm/Company)	
743 East Dorchester &	}
(Address)	
St Johns FL 322	59
(City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
Nathalie Blum at ((Name of Contact Person) (A	904, 4TT- Calo44
(Name of Contact Person) (A	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F	Florida Department of State for: 55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



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)

	limited liability company as it VMB Florida			rtment
	ment/registration number assi	-	company is:	
3. The date this men	mber/manager withdrew/resig	ned or will withdraw/resign	is: 4/03	/33
4. I, <u>/ </u>	ime of Person Resigning)	, hereby withdraw/resign	as a	
man	911-CY Print Title)			
of this limited liab resignation in wri	pility company and affirm the ting.	limited liability company ha	s been notified	of my
Ket	n-Atuate		2023 AP R Section	
Signature of Dis	ssociating Member or Resigni	ng Manager	26	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		PM 4:0	
commed copy.	\$50.00 (Optional)			