

21000257828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

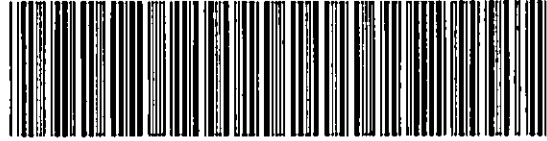
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700379250657

01/12/22--01015--013 ++55.00

FILED  
2022 JAN 12 AM 7:46  
SECRETARY OF STATE  
TALLAHASSEE, FL

JAN 28 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Nicei  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fees are submitted for filing.

Please return all correspondence concerning this matter to:

LINDA DIXON  
(Contact Person)

Nicei  
(Firm Company)

325 CHERMONT DR.  
(Address)

KISSIMMEE, FL. 34759  
(City/State and Zip Code)

For further information concerning this matter, please call:

LINDA DIXON at (407) 738-9300  
(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:

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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED

2022 JAN 12 AM 7:46

SECRETARY OF STATE  
TALLAHASSEE, FL

**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: Nicci LLC

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

L21000257828

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/11/21

4. I, Jay Dixon, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Authorized Person  
(Print Title)

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

Jay Dixon  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)