121000490882

(Requestor's Name)			
(Address)			
77.11			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
<u></u>			
Special Instructions to Filing Officer:			

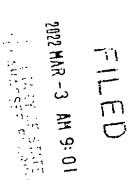
Office Use Only



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A. RAMSEY MAR 04 2022

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COVER LETTER

TO: Registration Section Division of Corporations		
NOHWON VENTURES LLC SUBJECT:		
(Name of Limi	ted Liability C	Company)
The enclosed member, resignation or dissocia	ation and fe	e(s) are submitted for filing.
Please return all correspondence concerning t	his matter t	o:
KYUNG JIN WON		
(Contact Person)		
(Firm/Company)		
400 NE 3RD AVE., APT 1409		
+Address)		
FORT LAUDERDALE, FL 33301		
(City/State and Zip Code)		
For further information concerning this matte	er, please ca	all:
KYUNG JIN WON	917 at (2150067
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed please find a check made payable to ■ \$25 Filing Fee	o the Florid	a Department of State for: ling 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



RECEIVED

2022 FEB 28 PM 1:32

SECRETARY OF STATE TALLAHASSEE, FL

February 14, 2022

KYUNG JIN WON 400 NE 3RD AVE **APT 1409** FT. LAUDERDALE, FL 33301 US

SUBJECT: NOHWON VENTURES LLC

Ref. Number: L21000490882

We have received your document for NOHWON VENTURES LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

You are listed as the current registered agent. Please see the attrached printout.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey **OPS**

Letter Number: 822A00003599

Hello,

At requested, 'LLC' has been added to the name of the entity in the statement of relignation.

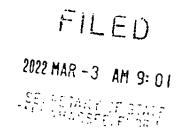
Please process.

Thank you.

www.sunbiz.org

Division of Cornerations - P.O. ROX 6327 - Tallahassee Florida 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 a	appears on the records of the Florida Department
2. The Florida doc L21000490882	ument/registration number assig	ned to this limited liability company is:
3. The date this me	ember/manager withdrew/resign	ed or will withdraw/resign is: 11/18/2021
THAM IC MAN		
MANAGER	Name of Ferson Resigning)	
	(Print Title)	
of this limited lia resignation in wi		mited liability company has been notified of my
Signature of D	sissociating Member or Resignin	g Manager
_	\$25.00 (Required) \$30.00 (Optional)	