

L21000495391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

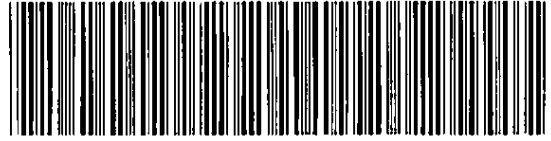
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300417135683

10.10.23 -0133-006 *+25.00

2023 OCT 10 PM 2:32

Filing

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: No Name Club LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jeffrey Garcia
(Contact Person)

No Name Club LLC
(Firm/Company)

3055 N. Countryside Circle
(Address)

Orlando FL 32804
(City/State and Zip Code)

For further information concerning this matter, please call:

Joshua M. Sachs at (407) 850-2500
(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

**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: NO NAME CLUB LLC

2. The Florida document/registration number assigned to this limited liability company is:
L21000495391

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

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

MGR
(Print Title)

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

Kenneth Beale
Signature of Dissociating Member or Resigning Manager

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

2023 OCT 10 PM 2:32



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Limited Liability Company
NO NAME CLUB LLC

Filing Information

Document Number	L21000495391
FEI/EIN Number	88-1471792
Date Filed	11/17/2021
Effective Date	11/15/2021
State	FL
Status	ACTIVE

Principal Address

2055 NORTH COUNTRYSIDE CIRCLE
ORLANDO, FL 32804

Mailing Address

2055 NORTH COUNTRYSIDE CIRCLE
ORLANDO, FL 32804

Registered Agent Name & Address

HENDERSON SACHS PA
8240 EXCHANGE DRIVE
C6
ORLANDO, FL 32809

Authorized Person(s) Detail

Name & Address

Title MGR

GARCIA, JEFFREY
2055 NORTH COUNTRYSIDE CIRCLE
ORLANDO, FL 32804

Title MGR

BALE, KENNETH
2055 NORTH COUNTRYSIDE CIRCLE
ORLANDO, FL 32804

Annual Reports

Report Year	Filed Date
2022	04/21/2022
2023	03/23/2023

Document Images

03/23/2023 -- ANNUAL REPORT	View image in PDF format
04/21/2022 -- ANNUAL REPORT	View image in PDF format
11/17/2021 -- Florida Limited Liability	View image in PDF format