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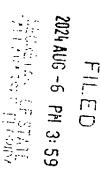
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
J. HORNE AUG 14 2024		

Office Use Only



700434325027

Joseph 25 (1910) 277-141 (1994) 449-1419



COVER LETTER

Registration Section Division of Corporations NORTHSTAR PPEC LLC SUBJECT: (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: ANA ALVAREZ (Contact Person) (Finn/Company) 11668 NW 47TH COURT (Address) CORAL SPRINGS, FL 33076 (City:State and Zip Code) For further information concerning this matter, please call: ANA ALVAREZ 754 757-5005 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:



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 a	s it appears on the records of the Florida Department
2. The Florida docs	ument/registration number a	assigned to this limited liability company is:
	·	signed or will withdraw/resign is: 7/30/2024
4. I, (Print Name of Person Resigning)		, hereby withdraw/resign as a
(Print N	ame of Person Resigning)	,, ,
MANAGER		
(Print Title)		
resignation in wr	iting.	he limited liability company has been notified of my
Ull	uarl	
	issociating Member or Resi	gning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	