

## 124 000 272 64Z

(Re	questor's Name)					
(Ad	dress)					
(Ad	dress)	<u> </u>				
(Cit	y/State/Zip/Phone	#)				
☐ SICK-NB	MAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer.						
	<del></del> _					

Office Use Only



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11/19/24--01021--031 \*\*55.00

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## **COVER LETTER**

TO:	: Registration Section					
	Divis	on of Corporations				
SUBJECT:		Nova Davie Baseball Camp LLC				
00202		(Name of Limited Liability Company)				
The end	closec	l member, resignation or disso	ciation and fec(s	s) are submitted for filing.		
Please r	return	all correspondence concernin	g this matter to:			
Dan Rov	etto					
		(Contact Person)		_		
Nova Da	vie Ba	aseball Camp				
		(Firm/Company)		_		
9530 nw	18th s	street				
		(Address)		_		
Plantatio	n FL 3	33322				
		(City/State and Zip Code)		_		
For furt	ther in	nformation concerning this ma	tter, please call:			
Dan Rov	etto		at (PT)	401-9914		
	(N	lame of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclose	ed ple	ease find a check made payable	to the Florida I	Department of State for:		
□ \$25	Filing	g Fee	🗏 \$55 Filing	g Fee & Certified Copy		
		ng Address: stration Section		Street Address: Registration Section		
		sion of Corporations		Division of Corporations		
		Box 6327		The Centre of Tallahassee		
	Talla	hassee, FL 32314		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)

		s it appears on the records of the	-	
2. The Florida doc:	ument/registration number a	ssigned to this limited liability	company is:	
	mber/manager withdrew/res	signed or will withdraw/resign i	9/01/2024 is:	
4. I, Brian Luebkert (Print Name of Person Resigning)		, hereby withdraw/resign as a		
(Print N	lame of Person Resigning)			
manager				
	(Print Title)			
of this limited lia resignation in wr		ne limited liability company has		
Signature of Di	ssociating Member or Resig	ning Manager	ZOZYNOV 19 SECKL PAR SECKL PAR	
Filing Fee:	\$25.00 (Required)			
_	\$30.00 (Optional)		19 PM 3: 4 MAY OF STA	