

L16000 232374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

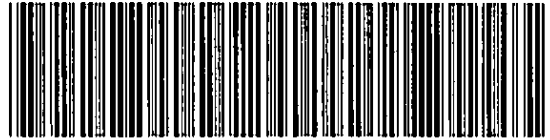
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700350735207

08/21/20--01011--037 +\$55.00

FILED

2020 AUG 21 A 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/9/20

VS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Segway Group, 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:

Darren G. Jones

(Contact Person)

N/A

(Firm/Company)

14194 NW 28th Ave

(Address)

Gainesville, FL 32606

(City/State and Zip Code)

For further information concerning this matter, please call:

Anna Olcese

352 870-3140
at () _____

(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
2020 AUG 21 A 9 41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

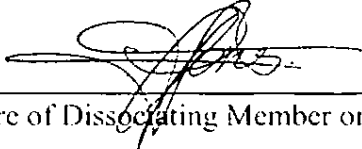
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: The Segway Group, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L16000232374

3. The date this member/manager withdrew/resigned or will withdraw/resign is: July 31st, 2020

4. I, Darren G. Jones, hereby withdraw/resign as a
(Print Name of Person Resigning)
Manager/ Partner
(Print Title)

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

 7/22/2020
Signature of Dissociating Member or Resigning Manager

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