

L16000123103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

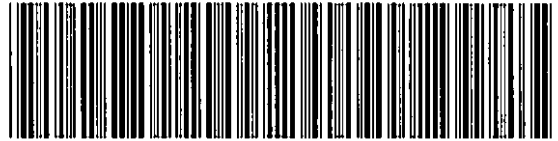
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 JUL -2 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SHIMMONS

2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1-2-3 Grow With Me Therapy, LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Kerri Loafman

(Contact Person)

1-2-3 Grow With Me Therapy, LLC

(Firm/Company)

5020 Clark Road #123

(Address)

Sarasota, FL 34233

(City/State and Zip Code)

For further information concerning this matter, please call:

Kerri A. Loafman

at (850) 699-6627

(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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: 1-2-3 Grow With Me Therapy, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L16000123103

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 03/18/18

4. I, Audrey M. Nadicksbernd, hereby withdraw/resign as a
(Print Name of Person Resigning)

Co-owner/AMBR

(Print Title)

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

please see attached

Signature of Dissociating Member or Resigning Manager

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

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TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL FROM PARTNERSHIP

To: Partner Kerri Ann Loafman (the "Partner") of 123 Grow With Me Therapy LLC

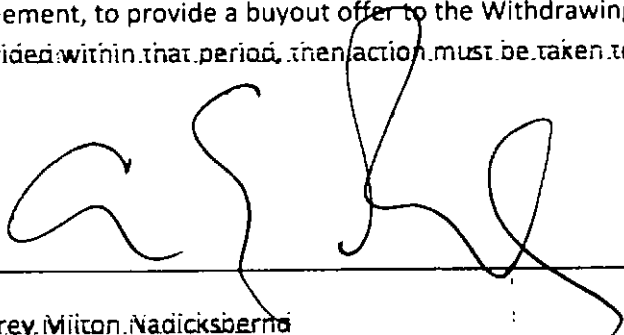
Audrey Milton Nadicksbernd (the "Withdrawing Partner") of 5430 Old Ranch Rd., Sarasota, Florida, 34241 is a partner in the partnership of 123 Grow With Me Therapy LLC (the "Partnership") established on the 26th day of June, 2016 for the purpose of managing a for-profit applied behavior analysis services company and formed in accordance with an oral partnership agreement (the "Partnership Agreement").

Audrey Milton Nadicksbernd desires to voluntarily withdraw from the Partnership. The date of withdrawal will be the 18th day of March, 2018.

With this document, the Withdrawing Partner gives March 18, 2018 notice of withdrawal in writing by registered or certified mail to the other partners last known address of 3547 Plantation Dr., Sarasota, Florida, 34231.

The Partnership Agreement provides that the exclusive jurisdiction for the enforcement of this matter is the courts of the State of Florida.

The remaining partner of the Partnership have 5 business days, or as otherwise stated in the Partnership Agreement, to provide a buyout offer to the Withdrawing Partner. In the event a buyout offer is not provided within that period, then action must be taken to dissolve and liquidate the Partnership.



Audrey Milton Nadicksbernd

3/18/18

Date

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