L09000115152

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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C. CARROTHERS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Never Give UP OF Flagler, 11C (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:
Charles M. Reed IV. (Contact Person)
Never Give Up of Flasler, LLC (Firm/Company)
P.O. Box 23622 (Address)
JACKSON VI //e, FL 3224/ (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (904) 806 - 2448 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: 2 \$25 Filing Fee
w

STREET/COURIER ADDRESS:

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

CR2E079 (2/14)

MAILING ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

TALLAHASSEE, IN

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: Never Give Up OF Flasler, LLC.
2. The Florida document/registration number assigned to this limited liability company is:
109000115152
3. The date this member/manager withdrew/resigned or will withdraw/resign is: Dec. 30, 20/
4. 1, Charles M. Reed III, hereby withdraw/resign as a (Print Name of Person Resigning)
Member. (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required)