

L10000086767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

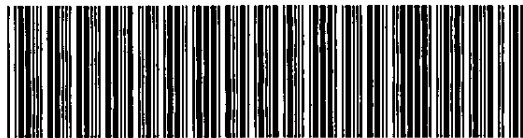
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2015 OCT -2 AM 9:47  
CLERK OF SUPERIOR COURT  
ALBUQUERQUE, NEW MEXICO

N. Culligan OCT - 6 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bike Works of Jonesville, 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:

Barry Bullard

(Contact Person)

Bike Works of Jonesville, LLC

(Firm/Company)

150 NW 75th Drive, Suite A

(Address)

Gainesville, FL 32607

(City/State and Zip Code)

For further information concerning this matter, please call:

Barry Bullard

(Name of Contact Person)

at ( 352 ) 331-7162

(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

FILED

2015 OCT -2 AM 9:47

CLERK OF THE STATE  
TALLAHASSEE, FLORIDA



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: Bike Works of Jonesville, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L10000086767

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/17/2015

4. I, Anthony D. Cousins, hereby withdraw/resign as a  
(Print Name of Person Resigning)

AMBR

(Print Title)

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

A handwritten signature in black ink, appearing to read "Anthony D. Cousins", written over a horizontal line.

Signature of Dissociating Member or Resigning Manager

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