# L13000/635/1

(Re	equestor's Name)	<u> </u>
(Ad	ldress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	





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resignation of mome.

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#### **COVER LETTER**

Division of Corporations		
SUBJECT: National Skate boarding Academy 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:		
John Holleman (Contact Person)		
National Skate boarding Academy LLC. (Firm/Company)		
5473 Ward Lake DV (Address)		
Port Orange FL 37128 (City/State and Zip Code)		
For further information concerning this matter, please call:		

#### STREET/COURIER ADDRESS:

Registration Section

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

CR2E079 (2/14)



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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PALLABASSEE, PLORIDA

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## 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	ity company as it appears on the records of the Florida Department
of State is: National	Skate boarding Academy LLC.
2. The Florida document/registra	tion number assigned to this limited liability company is:
L13000163511	
3. The date this member/manage	r withdrew/resigned or will withdraw/resign is: 3/12/2014
4. I, John Holleman (Print Name of Person R	
M6 MR (Print Title)	
	y and affirm the limited liability company has been notified of my
John Walle Signature of Dissociating Me	ember or Resigning Manager
Filing Fee: \$25.00 (R. Certified Copy: \$30.00 (O	• /