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(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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SECRETARY OF STATE

Resignation ob

JUN 0 3 2019

D CUSHING

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Flag Management Servi	
(Name of	Limited Liability Company)
The enclosed member, resignation or dis	sociation and fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to:
Jonathan W Bailey	
(Contact Person)	
Flag Management Service	
(Firm/Company)	
4710 Cabreo Ct	
(Address)	
Bradenton FL 34211	
(City/State and Zip Code)	
For further information concerning this r	natter, please call:
Jonathan W Bailey	240 723-6324
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payat \$25 Filing Fee	ple to the Florida Department of State for: \$\square\$ \$
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

CR2E079 (2/14)

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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 compan	ly as it appears on the records of the Florida Department	
of State is: Flag Management Service		
2. The Florida document/registration numb	er assigned to this limited liability company is:	
3. The date this member/manager withdrew	/resigned or will withdraw/resign is: 1/1/2018	
1. I. Andrew M Bailey	, hereby withdraw/resign as a	د
(Print Name of Person Resigning)		
Manager	A≽ ≺	요 :
(Print Title)	<u>-</u>	٦ ١.
of this limited liability company and affir resignation in writing.	m the limited liability company has been notified of my	
an Mai	55	10:3
Signature of Dissociating Member or R	esigning Manager	

CR2E079 (2/14)

Filing Fec:

Certified Copy:

\$25.00 (Required) \$30.00 (Optional)