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K. SALY EXAMINER

AUG 19

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: JAG APOLLO HOLDINGS, LLC		nnany)
	(Name of Elimited	Liability Coll	ipany)
The en	nclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please	e return all correspondence concerning this	matter to:	
R. MI	CHAEL DeLOACH, ESQ., R/A		
	(Contact Person)		-
R. MI	CHAEĻ DeLOACH, P.A.		
	(Firm/Company)		-
РО В	OX 2349		
	(Address)		-
BRAI	NDON, FL 33509-2349		
	(City/State and Zip Code)		_
For fu	orther information concerning this matter,	please call:	
R. MI	ICHAEL DeLOACH, ESQ.	813	468-2135
	(Name of Contact Person)	(Arca Code	& Daytime Telephone Number)
	sed please find a check made payable to the S Filing Fee		
Regis Divisi Clifto 2661	tration Section ion of Corporations in Building Executive Center Circle massee, 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



DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company a APOLLO HOLDINGS, L	s it appears on the records of the Florida Department LC
2. The Florida docs	0	assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/re	signed or will withdraw/resign is:
4. I, DEBRA L. GRAMMER (Print Name of Person Resigning)		
AMBR	, , , , , , , , , , , , , , , , , , ,	
	(Print Title)	
resignation in wr		he limited liability company has been notified of my
Signature of D	issociating Member or Resi	gning Manager
	\$25.00 (Required) \$30.00 (Optional)	