

L16000232374

(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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/9/20

VS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Segway Group, 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:

Darren G. Jones

(Contact Person)

N/A

(Firm/Company)

14194 NW 28th Ave

(Address)

Gainesville, FL 32606

(City/State and Zip Code)

For further information concerning this matter, please call:

Anna Olcese

at ( 352 ) 870-3140

(Name of Contact Person)

(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

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
2020 AUG 21 A 9 41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

(Pursuant to 605.0216, Florida Statutes)

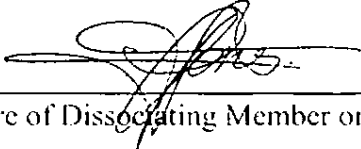
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: The Segway Group, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
LI6000232374

3. The date this member/manager withdrew/resigned or will withdraw/resign is: July 31st, 2020

4. I, Darren G. Jones, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
Manager/ Partner  
(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

7/22/2020

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