## L14000 160474

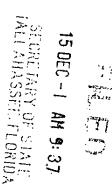
(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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## **COVER LETTER**

Division of Corporations		
SUBJECT: White Feather Hanagement, UC.  (Name of Limited Liability Company)		
(Name of Emilion Elability Cogripuly)		
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to:		
Cotalina Horscelve. (Contact Person)		
(Contact Person)		
(Contact Person)		
Vellaite Touthon Hannage and 160		
White Feather Management, UC		
(Firm/Company)		
450 Alton Rd. #2507		
(Address)		
Hiami Beach, FL 33139		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
(otalina Mongale 786 413 7997		
Cotalina Monsalve at (786) 413.7897  (Name of Contact Person) (Area Code & Daytime Telephone Number)		
(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 & Certified Copy		
STREET/COURIER ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section		
Division of Corporations  Clifton Building  Division of Corporations  P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32314		

CR2E079 (2/14)

Tallahassee, Florida 32301



## 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:	Mitc Feather Monagement, L.C.
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L 1400	D160474
3. The date this men	mber/manager withdrew/resigned or will withdraw/resign is: 1105 2015
4. I, Haynum J (Print No.	IP.UC Gavlos A. Perez, hereby withdraw/resign as a ame of Person Resigning)
MGBR	Print Title)
_	pility company and affirm the limited liability company has been notified of my
resignation in wri	ting.
Signature of Di	ssoc ating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Conv	\$30.00 (Ontional)