

L05000007453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

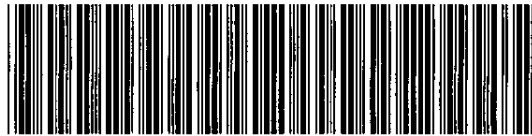
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KITE FEVER LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Laurel Eastman
(Contact Person)

POB 2860
(Firm/Company)

Bigfork, MT 59911
(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

Laurel Eastman at (809) 571-0564
(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

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

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

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

2. This limited liability company was organized under the laws of:

THE STATE OF FLORIDA

3. The Florida document/registration number of this limited liability company is:

L05000007453

4. I, LAUREL M EASTMAN, hereby resign as a Partner/mgr
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Laurel M Eastman
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)

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