Office Use Only



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06/14/10--01036--008 \*\*25.00

S. HAWKES JUN 1 5 2010 **EXAMINER** 

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
	Division of Corporations	
SUBJ	JECT: FLYING FEATHERS, LL	
	(Name of Limite	d Liability Company)
The e		nanager resignation and fee(s) are submitted for
Please	e return all correspondence concerning th	is matter to:
HAF	ROLD B. LOVELL	
	(Contact Person)	
	(Firm/Company)	
2608	8 INLET DRIVE	
	(Address)	
FT.	LAUDERDALE, FL 33316	
	(City/State and Zip Code)	
For fu	orther information concerning this matter,	, please call:
HAF	ROLD B. LOVELL	at ( 954 <sub>)</sub> 520-9404
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclo	sed please find a check made payable to	the Florida Department of State for:
	\$25 Filing Fee	\$55 Filing Fee &
	<del></del>	Certified Copy
STRE	EET/COURIER ADDRESS:	MAILING ADDRESS:
	tration Section	Registration Section
	on of Corporations	Division of Corporations
	n Building	P.O. Box 6327
	Executive Center Circle passee, Florida 32301	Tallahassee, Florida 32314
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CR2E079 (5/06)



## 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 of State is: FLYING FEATHERS, LL	it appears on the records of the Florida Department  C
2. This limited liability company was organized FLORIDA	d under the laws of:
3. The Florida document/registration number of L06000080830	f this limited liability company is:
4. I, HAROLD B. LOVELL	, hereby resign as a MGR.
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm th	e limited liability company has been notified of my
Signature of Resigning Member, Managing N	Member or Manager
Filing Fee: \$25.00 (Required)	

Certified Copy:

\$30.00 (Optional)