#107000083155

| (Reque | estor's Name) | |
|-------------------------------|----------------|-------------|
| (Addre: | ss) | |
| (Addre: | ss) | |
| (City/S | tate/Zip/Phon | e #) |
| PICK-UP | WAIT | MAIL |
| (Busine | ess Entity Nar | me) |
| (Docur | nent Number) | , |
| Certified Copies | Certificate | s of Status |
| Special Instructions to Filin | ng Officer: | |
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SECRETARY OF STATE
ALLAHASSEE FRORMA

K.SALY EXAMINER SEP 11 2012

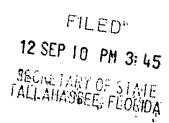
COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: Fun Flights, LLC (Name of Limite | red Liability Company) |
| The enclosed member, managing member or rafiling. | manager resignation and fee(s) are submitted for |
| Please return all correspondence concerning the | his matter to: |
| Wolfgang Murlebach | |
| (Contact Person) | |
| (Firm/Company) | <u> </u> |
| 3573 SW Vollmer Street | |
| (Address) | 3324-345- |
| Port Saint Lucie FL 34943 (City/State and Zip Code) | |
| (City/State and Zip Code) | |
| For further information concerning this matter | r, please call: |
| Wolfgang Murlebach | at (786) 253-5693 (Area Code & Daytime Telephone Number) |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to \$25 Filing Fee | the Florida Department of State for: \$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 |
| CR2E079 (5/06) | |

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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

| | limited liability compa | any as it ap | pears or | the record | ds of the | e Florida De | partment |
|--|--|--------------|-----------|--------------|------------------|-------------------------------|--------------|
| 2. This limited liab | oility company was orga | anized und | er the la | ws of: | | | |
| 3. The Florida doc | ument/registration num 3155 | ber of this | limited | liability co | mpany | is: | |
| 4. I, John Mich | ael Smith | * | , herebỳ | resign as | _a Mgr | Member | r & Member |
| of this limited lia resignation in wr | bility company and affi | | 9-7 | 7-12 | any has | (Print Title) been notifie | ed of my |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | FROM | FUN | PLIGH | HTS, L | دد | · |

CR2E079 (5/06)