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## **COVER LETTER**

TO: Registration Section

CR2E079 (5/06)

Division of Corporations	
SUBJECT: Feather Swart (Name of Limited I	Liability Company)
The enclosed member, managing member or mar filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Maoni Wichols (Contact Person)	
N/A (Firm/Company)	<del></del>
437 N. Colorgolo Av	<u>e</u>
De Land FL 3272 (City/State and Zip Code)	4
For further information concerning this matter, pl	lease call:
Vaoni Nichols at (Name of Contact Person)	SR6 736-3325
Enclosed please find a check made payable to the \$25 Filing Fee	
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



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	EATHERSMAR		ords of the Flo	orida De	partmen 	t
	oility company was organized to SE Floric	•				
3. The Florida doc	ument/registration number o	of this limited liability	company is:	SEC	2017	
	Wichols  Jame of Person Resigning)	, hereby resign	(Pr	thi Tiue)		ber
of this limited lia resignation in wr	bility company and affirm the iting.	he limited liability cor	mpany has bee	n notifie	ed of my	1 .
Signature of Res	igning Member, Managing I	Member or Manager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					