L080000020893

(Re	equestor's Name)			
,	,			
(Ac	ldress)			
(Ac	idress)			
(Ci	ty/State/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
(Bu	usiness Entity Nam	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



400379570044





COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	JECT: OLD FARTS (Name of L	Esy imited Liabil	ty Company)
The e	nclosed member, resignation or disso	ociation and	I fee(s) are submitted for filing.
Please	e return all correspondence concernir	ng this matt	er to:
,-,	TERRY A. HAGIE (Contact Person)		
	OLD FAMIS FLY LCC (Firm/Company)		
-	318 Branch Hills PARK (Address)		
	Niceville FLORIDA (City/State and Zip Code)	32578	<u> </u>
For fu	rther information concerning this ma	itter, please	call:
	(Name of Contact Person)	at (<u>\$^</u> (Area	So) 974 5608 Code & Daytime Telephone Number)
Enclo	sed please find a check made payable 5 Filing Fee		rida Department of State for: Filing Fee & Certified Copy
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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	y company as it	t appears on the	e records of	the Florida Department
of State is:	OLD	FARTS FLY	, LLC		
2. The Florida docu	ment/registrati		igned to this lin	mited liabilit	y company is:
3. The date this men	nber/manager	withdrew/resign	ned or will wit	hdraw/resign	1 is: 29 De 2021
4.1, ERIC D	. H\IIs ume of Person Res	signing)	, hereby wi	thdraw/resig	n as a
	en fræd				70
		and affirm the l	limited liabilit	y company h	as been notified of my
50	D/44	<i>;</i>			<u> </u>
Signature of Dis	sociating Men	nber or Resignit	ng Manager		1: 24
Filing Fee: Certified Copy:					