

L11 0000009937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500198930105

03/24/11--01035--006 \*\*25.00

FILED  
11 APR 18 AM 8:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W

J. BRYAN

APR 19 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Extreme Adventures, 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:

Michael McCool  
(Contact Person)

Extreme Adventures, LLC  
(Firm/Company)

232 Racetrack Rd  
(Address)

Fort Walton Beach, FL 32517  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael McCool at (850) 974-2088  
(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

FILED  
11 APR 18 AM 8:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 25, 2011

MICHAEL MCCOOL  
EXTREME ADVENTURES, LLC  
232 RACETRACK RD  
FORT WALTON BEACH, FL 32547

SUBJECT: EXTREME ADVENTURES, LLC  
Ref. Number: L11000009937

FILED  
11 APR 18 AM 8:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for EXTREME ADVENTURES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person resigning and the person signing the resignation document must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 111A00007266



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
11 APR 18 AM 9:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Extreme Adventures, LLC

2. This limited liability company was organized under the laws of:  
any and all lawful business

3. The Florida document/registration number of this limited liability company is:  
L110000009937

4. I, X James E. Lowe II, hereby resign as a Managing Member  
(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.

X [Signature]  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)