

L 11 000039896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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RA Resign.
04/27/11
DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Flying V River ADVENTURES LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L11000039896

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LEE BUTT
Name of Person

Flying V River ADVENTURES LLC
Name of Firm/Company

10885 SE FEDERAL Hwy Lot 51
Address

HOBE Sound FLA 33455
City/State and Zip Code

MOON BEAM 2058 @ YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BILL VERNESS at (850) 245 6051
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

#3 ✓

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

LEE BUTT, hereby resigns as
Name of Registered Agent

Registered Agent for Flying V River ADVENTURES LLC
Name of Limited Liability Company

611000039896
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

L Butt
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

11 APR 21 AM 10:14
FILED