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| (Re | equestor'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: | | | | | | | |
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SECRETARY OF STATE

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S MASON

COVER LETTER

| | Teo: Registration Section Division of Corporations | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|
| | SUBJECT: White Knights & (Name of Umited Liability Com | VUITURES 1, LLO | | | | | | | |
| | The enclosed member, resignation or dissociation and fee(s |) are submitted for filing. | | | | | | | |
| | Please return all correspondence concerning this matter to: | | | | | | | | |
| | Charles N Cleland or PA | | | | | | | | |
| | Law Offices of Charles N | Cleland Jr PA | | | | | | | |
| | 2127 Ringling Blud, suite | . 104 | | | | | | | |
| | Sa La SOTA FL 34237 (City/State and Zip Code) | - | | | | | | | |
| | For further information concerning this matter, please call: | | | | | | | | |
| _ | harles N Cleland Jr PA at (941 (Name of Contact Person) (Area Code |) 955-1595 & Daytime Telephone Number) | | | | | | | |
| | Enclosed please find a check made payable to the Florida D □ \$25 Filing Fee □ \$55 Filing | Pepartment of State for: Fee & Certified Copy | | | | | | | |
| | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 | | | | | | | |
| | 2661 Executive Center Circle | Tallahassee, Florida 32314 | | | | | | | |

Tallahassee, Florida 32301

CR2E079 (2/14)



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 company as it | appears on the recor | ds of the Fl | orida [| Department |
|--|--|-------------------------|------------------|------------------|------------------------|
| of State is: | Florida | | | | - |
| 2. The Florida docu | ument/registration number ass | igned to this limited l | iability con | n p any i | s: |
| _ L110 | 00079896 | · | | | , , |
| 3. The date this me | mber/manager withdrew/resig | ned or will withdraw | /resign is: _ | 930 | 1 13/31/1 ₃ |
| 4. I, Andrew | M Bado la TE | , hereby withdraw | v/resign as a | ì | |
| MG | RM (Print Title) | | | | |
| of this limited lia resignation in wr | bility company and affirm the iting. | limited liability comp | pany has be | en noti | fied of my |
| Signature of Di | ssociating Member or Resign | ng Manager | | | |
| _ | \$25.00 (Required) \$30.00 (Optional) | | SECRETARY OF STA | 2016 JAN 19 P 1: | |