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3/16/12

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FHEED, LLC	d Liabilia, Common)
(Name of Limite	ed Liability Company)
The enclosed member, managing member or n filing.	nanager resignation and fee(s) are submitted t
Please return all correspondence concerning th	nis matter to:
Anthony Olivieri	
(Contact Person)	
FHEED, LLC	
(Firm/Company)	
1869 SW 28 Ave	
(Address)	
Fort Lauderdale, FL 33312	
(City/State and Zip Code)	***************************************
For further information concerning this matter.	, please call:
Anthony Olivieri	at (954 ₎ 993-8005
(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:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



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

1. The name of the li of State is: FHE	mited liability company as it ap ED, LLC	pears on the records	of the Florida Department
	ity company was organized und Florida Statutes	er the laws of:	
3. The Florida docum L110001160	nent/registration number of this	limited liability con	npany is:
4. I. Anthony S.	Flatley	. hereby resign as a	MGRM: Managing Member
(Print Nat	ne of Person Resigning)	,,	(Print Title)
of this limited liabi resignation in writi	lity company and affirm the lim ng.	ited liability compar	ny has been notified of my
Anthony Signature of Resign	. Dutly 3-16-13 ning Member, Managing Memb	er or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		

CR2E079 (5/06)

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