

| (Re                     | equestor's Name)    |              |
|-------------------------|---------------------|--------------|
| (Ad                     | idress)             | <del> </del> |
| (Ac                     | ddress)             |              |
| (Ci                     | ty/State/Zip/Phone  | #)           |
| PICK-UP                 | ☐ WAIT              | MAIL         |
| (Bu                     | usiness Entity Namo | e)           |
| (Do                     | ocument Number)     |              |
| Certified Copies        | Certificates        | of Status    |
| Special Instructions to | Filing Officer:     |              |
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## **COVER LETTER**

| Division of Corporations   |   |
|--|---|
| Hamant Airboats, L.L.C   |   |
| (Name of Limited Liability Con   | npany)  |
| The enclosed member, resignation or dissociation and fee(s   | ) are submitted for filing.   |
| Please return all correspondence concerning this matter to:  |   |
| Wade Hamant  | _   |
| (Contact Person)   |   |
| Hamant Airboats, LLC   |   |
| (Firm/Company)   | -   |
| 108 E. Hibiscus Blvd.  |   |
| (Address)  | -   |
| Melbourne, FL 32901  |   |
| (City/State and Zip Code)  | -   |
| For further information concerning this matter, please call:   |   |
| Wade Hamant 321  | 259-6998  |
| (Name of Contact Person) (Area Code  | & Daytime Telephone Number)   |
| Enclosed please find a check made payable to the Florida □ \$25 Filing Fee □ \$55 Filing   | Department of State for: 3 Fee & Certified Copy   |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS:<br>Registration Section<br>Division of Corporations<br>P.O. Box 6327<br>Tallahassee, Florida 32314 |

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 records of the Florida Departmen |
|--|---|
| of State is:                             | ant Airboats, L.L.C   |
| 2. The Florida docu                      | iment/registration number assigned to this limited liability company is:        |
| L1300009104                              | 3   |
| 3. The date this me                      | mber/manager withdrew/resigned or will withdraw/resign is:                      |
| 4. L. Kevin Murph                        | , hereby withdraw/resign as a   |
| (Print N                                 | , hereby withdraw/resign as a ame of Person Resigning)                          |
| Managing Me                              | mber  |
|  | (Print Title)   |
| of this limited lia<br>resignation in wr | pility company and affirm the limited liability company has been notified of my |
| XX                                       |   |
| Signature of Di                          | ssociating Member or Resigning Manager  |
| Filing Fee:                              | \$25.00 (Required)  |
|  | \$30.00 (Optional)  |