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(Re	equestor's Name)	
(Ac	idress)	
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PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use Or	nlv



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Flyer works, LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Andrew Moulock
(Contact Person)
(Firm/Company)
1.560 Idlew 1d Ct (Address)
Sarasota FL 34243 (City/State and Zip Code)
For further information concerning this matter, please call:
Andrew Marlock at (727) 656-3931 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

□ \$55 Filing Fee & Certified Copy

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

\$25 Filing Fee



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 I	imited liability company as it appears on the records of the Florida Department
of State is:	Tyerworks, LLC
2. The Florida docum	ment/registration number assigned to this limited liability company is:
	00129512
3. The date this men	nber/manager withdrew/resigned or will withdraw/resign is:
	me of Person Resigning), hereby withdraw/resign as a
Mana	9 ex
of this limited liab	ility company and affirm the limited liability company has been notified of my ing.
A Ca	e Units
Signature of Dis	sociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)