

L14000060175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

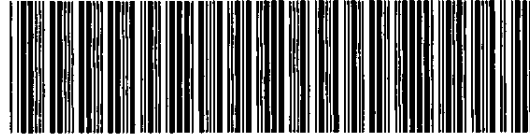
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000275223820

07/27/15--01040--022 **85.00

FILED
15 JUL 27 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 23 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ST. THOMAS FLYBOARDING, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: INHS17

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:

Ben Sullivan

Name of Person

Registered Agents Inc.

Name of Firm/Company

170 S. Lincoln, STE 150

Address

Spokane, WA 99201

City/State and Zip Code

info@registeredagentsinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ben Sullivan

Name of Person

at (**307**)

Area Code

200-2803

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

STREET ADDRESS:

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

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

REGISTERED AGENTS INC

, hereby resigns as

Name of Registered Agent

Registered Agent for ST. THOMAS FLYBOARDING, LLC

Name of Limited Liability Company

L14000060175

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.



Signature of Resigning Agent

If signing on behalf of an entity:

Bill Havre

Typed or Printed Name

Assistant Secretary

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

FILED
15 JUL 27 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA