

(Re	equestor's Name)	
(Ad	ldress)	
·	·	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(De	ocument Number)	
(50	cament Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		i
		:
		

Office Use Only



600263487006

09/02/14--01043--014 **55.00

14 SEP -2 AH 9: 24
SEURE LARY OF STATE
SEURE LARY OF STATE

PH.

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Eagle Moving 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:
Jake Loveland or Sylvie Bruner (Contact Person)
Eagle Mouing LLC (Firm/Company)
S45 SEVERW WAY (Address) (Address)
LEXINGTON KY 40507 (City/State and Zip Code)
For further information concerning this matter, please call:
Raleigh Rivner at (859) 948-3226 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sum{\$\frac{1}{2}\$\$ \frac{1}{2}\$\$ Filing Fee & Certified Copy}
STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



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 Department
of State is:	agle Moving LLC
	ment/registration number assigned to this limited liability company is:
L14000	106439
3. The date this men	mber/manager withdrew/resigned or will withdraw/resign is: 8/27/14
	Rivner, hereby withdraw/resign as a ame of Person Resigning)
	Manage/ (Print Title)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
Talist of	Zunl
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)