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| | (Red | questor's Name) | | | | |
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| PICK | -UP | ☐ WAIT | MAIL | | | |
| | (Bus | iness Entity Na | me) | | | |
| <u> </u> | (Doc | cument Number |) | | | |
| rtified Copies _ | | Certificate | s of Status | | | |
| special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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| Division of Corporations | | |
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| CAVU CAPITAL INVESTMENTS, SUBJECT: | , LL.C | |
| | nited Liability Co | ompany) |
| The enclosed member, resignation or dissoc | iation and fee | (s) are submitted for filing. |
| Please return all correspondence concerning | this matter to | : |
| Matthew J McCullough | | |
| (Contact Person) | . | |
| CAVU CAPITAL INVESTMENTS, LLC | | |
| (Firm/Company) | | |
| 4333 Venetia Blvd | | |
| (Address) | | |
| Jacksonville, FL 32210 | | |
| (City/State and Zip Code) | | _ |
| For further information concerning this matt | ter, please call | l: |
| Matthew J McCullough | 904 at (| 635-2223 |
| (Name of Contact Person) | | le & Daytime Telephone Number) |
| Enclosed please find a check made payable | to the Florida | Department of State for: |
| ■ \$25 Filing Fee | | ng Fee & Certified Copy |
| Mailing Address: | | Street Address: |
| Registration Section | | Registration Section |
| Division of Corporations | | Division of Corporations |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section



23/37 -- 2 PH 1:18

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)

| CAV | J CAPITAL INVESTMENTS, I | as it appears on the records of the | - |
|--|--|---------------------------------------|---------------------|
| 2. The Florida doc L15000008620 | ument/registration number | assigned to this limited liability co | |
| 3. The date this me Stephanic L Mcc | Cullough | esigned or will withdraw/resign is: | |
| (Print N | ame of Person Resigning) | , hereby withdraw/resign as | , u |
| | (Print Title) | | |
| of this limited lia resignation in wr | | the limited liability company has l | oeen notified of my |
| Signature of D | ssociating Member or Resi | igning Manager | |
| | \$25.00 (Required) \$30.00 (Optional) | | |