1500051225

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | ddress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
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| | | |

Office Use Only



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ALLAHASSEL, SLORIDA

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COVER LETTER

| Division of Corporation | ns | | |
|--|-------------------|-----------------|---|
| SUBJECT: FLIGHT SEEIN | G LLC | | |
| | (Name of Limite | d Liability Con | npany) |
| The enclosed member, resigna | tion or dissociat | ion and fee(s |) are submitted for filing. |
| Please return all correspondence | ce concerning th | is matter to: | |
| JAY FRINS | | | |
| (Contact P. | erson) | | - |
| (Firm/Com | pany) | | - |
| (Address | s) | | - |
| (City/State and | Zip Code) | <u></u> | - |
| For further information concer | ning this matter, | please call: | |
| JAY FRINS | | 305 | 522-1476 |
| (Name of Contact Per | son) | (Area Code | & Daytime Telephone Number) |
| Enclosed please find a check m \$25 Filing Fee | • • | | Pepartment of State for: Fee & Certified Copy |
| STREET/COURIER ADDRI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee Florida 32301 | ESS: | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |

CR2E079 (2/14)



DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY (Pursuant to 605.0216, Florida Statutes)

| | limited liability company as it appears on the records of the Florida Department |
|--|--|
| 2. The Florida doct L1500005122 | ument/registration number assigned to this limited liability company is: |
| 3. The date this me | mber/manager withdrew/resigned or will withdraw/resign is: 5/23/2017 |
| 4. I, HENRY PIN | |
| | lame of Person Resigning) |
| MANAGING | MEMBER |
| | (Print Title) |
| of this limited lia resignation in wr | bility company and affirm the limited liability company has been notified of my iting. |
| 4 | Q |
| Signature of D | ssociating Member or Resigning Manager |
| • | \$25.00 (Required) |
| Certified Copy: | \$30.00 (Optional) |