

L15000055942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

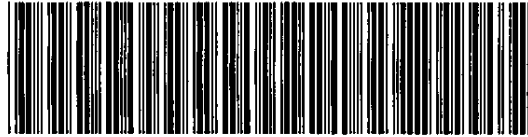
(Business Entity Name)

(Document Number)

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2015 SEP 25 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

SEP 29 2015  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FLY NAPLES, 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:

JAMES M. SOLDAVINI

(Contact Person)

MATTHEW JOHN SOLDAVINI, PA

(Firm/Company)

791 10TH ST. S., STE. 301

(Address)

NAPLES, FL 34102

(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTOPHE FAVRO

(Name of Contact Person)

at ( 847 )

287-8992

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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



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: FLY NAPLES, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L15000055942

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04-01-2015

4. I, JEB BRITTON, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MGMR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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2015 SEP 25 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Form **8832**

(Rev. December 2013)

Department of the Treasury  
Internal Revenue Service**Entity Classification Election**

OMB No. 1545-1518

► Information about Form 8832 and its instructions is at [www.irs.gov/form8832](http://www.irs.gov/form8832).**Type  
or  
Print**

Name of eligible entity making election

FLY NAPLES, LLC

Employer identification number

61-1758684

Number, street, and room or suite no. If a P.O. box, see instructions.

4419 ROBIN AVENUE

City or town, state, and ZIP code. If a foreign address, enter city, province or state, postal code and country. Follow the country's practice for entering the postal code.

NAPLES, FL 34102

- Check if: ☐ Address change ☐ Late classification relief sought under Revenue Procedure 2009-41  
☐ Relief for a late change of entity classification election sought under Revenue Procedure 2010-32

**Part I Election Information****1 Type of election** (see instructions):

- a** ☒ Initial classification by a newly-formed entity. Skip lines 2a and 2b and go to line 3.  
**b** ☐ Change in current classification. Go to line 2a.

**2a** Has the eligible entity previously filed an entity election that had an effective date within the last 60 months?

- ☐ **Yes.** Go to line 2b.  
☒ **No.** Skip line 2b and go to line 3.

**2b** Was the eligible entity's prior election an initial classification election by a newly formed entity that was effective on the date of formation?

- ☐ **Yes.** Go to line 3.  
☐ **No.** Stop here. You generally are not currently eligible to make the election (see instructions).

**3** Does the eligible entity have more than one owner?

- ☐ **Yes.** You can elect to be classified as a partnership or an association taxable as a corporation. Skip line 4 and go to line 5.  
☒ **No.** You can elect to be classified as an association taxable as a corporation or to be disregarded as a separate entity. Go to line 4.

**4** If the eligible entity has only one owner, provide the following information:

- a** Name of owner ► CHRISTOPHER M. FAVRO  
**b** Identifying number of owner ► 345-04-7293

**5** If the eligible entity is owned by one or more affiliated corporations that file a consolidated return, provide the name and employer identification number of the parent corporation:

- a** Name of parent corporation ►  
**b** Employer identification number ►

