U17000090379

| (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: | | | | | |
| | | | | | |
| | | | | | |
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Office Use Only



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NOV 13 2MM J. HARRIS

COVER LETTER

| - | ion of Corporations | | | | |
|---------------------------|-------------------------------------|---------------------|---|--|--|
| SUBJECT: | Havlbird, LLC | | | | |
| SUBJECT. | (Name of Limited Liability Company) | | | | |
| The enclosed | d member, resignation or disso | ociation and fee(s |) are submitted for filing. | | |
| Please return | all correspondence concernir | ng this matter to: | | | |
| Buddy Levy | , | | | | |
| | (Contact Person) | | - | | |
| Buddy J. Le | evy, P.A. | | | | |
| • | (Firm/Company) | | _ | | |
| 2385 NW E | xecutive Center Drive, Suit | te 100 | | | |
| | (Address) | | - | | |
| Boca Rator | n, FL 33431 | | | | |
| | (City/State and Zip Code) | | - | | |
| For further in | nformation concerning this ma | atter, please call: | | | |
| Buddy Levy | / | 813 at (| 731-7310 | | |
| (N | ame of Contact Person) | (Area Code | & Daytime Telephone Number) | | |
| Enclosed ple \$25 Filing | ase find a check made payable Fee | | Department of State for: Fee & Certified Copy | | |
| | OURIER ADDRESS: | | MAILING ADDRESS: | | |
| Registration | | | Registration Section | | |
| Division of Clifton Build | • | | Division of Corporations P.O. Box 6327 | | |
| | ive Center Circle | | Tallahassee, Florida 32314 | | |
| | Florida 32301 | | | | |

CR2E079 (2/14)



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 of State is: | , , , | s it appears on the records of the | he Florida Department |
|-------------------------------------|--|------------------------------------|--|
| | ment/registration number a | ssigned to this limited liability | y company is: |
| | | signed or will withdraw/resign | is: |
| 4. I, <u>Joe Lopez</u> (Print No | ame of Person Resigning) | , hereby withdraw/resign | n as a |
| Manager | Print Title) | | |
| of this limited liab | | he limited liability company ha | as been notified of my |
| 760 | Lom | | 2817 NOV |
| Signature of Di | ssociating Member or Resig | gning Manager | Control of the contro |
| - | \$25.00 (Required) \$30.00 (Optional) | | |