117000 128489

| (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: | | | |
| | | | |
| | | | |
| | | | |

Office Use Only



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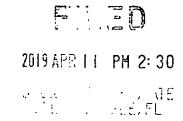
COVER LETTER

TO: Registration Section

CR2E079 (2/14)

| Division of Corporations | | | | |
|---|--|---------------|--|--|
| SUBJECT: FLY FTL, LLC | | | | |
| (Name of Limited Liability Company) | | | | |
| The enclosed member, resignation or dissociatio | n and fee(s) are submitted for | filing. | | |
| Please return all correspondence concerning this | matter to: | | | |
| JENNIFER GAUGHAN | | | | |
| (Contact Person) | | | | |
| FLY FTL, LLC | | | | |
| (Firm/Company) | | | | |
| 1421 NE 16 AVENUE | | | | |
| (Address) | | | | |
| FORT LAUDERDALE, FL 33304 | | | | |
| (City/State and Zip Code) | | | | |
| For further information concerning this matter, please call: | | | | |
| JENNIFER GAUGHAN | 954 684-4455 | | | |
| (Name of Contact Person) | (Area Code & Daytime Telephor | ne Number) | | |
| Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee \$\infty\$\$ \$55 Filing Fee & Certified Copy | | | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDI Registration Section Division of Corpor P.O. Box 6327 Tallahassee, Florid | on rations | | |





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 l | imited liability company as it | appears on the records of the Florida Department | |
|--------------------------------|--|---|--|
| of State is: | FLY FTL, LLC | | |
| | ment/registration number assi | igned to this limited liability company is: | |
| 3. The date this men | nber/manager withdrew/resig | ncd or will withdraw/resign is: APRIL 8, 2019 | |
| 4. I. BONNIE McNAIR | | , hereby withdraw/resign as a | |
| (Print Na | me of Person Resigning) | | |
| MAN | AGER | | |
| | Print Title) | | |
| of this limited liabi | | limited liability company has been notified of my | |
| | 1 muses | (2) | |
| Signature of Dis | sociating Member or Resigni | ng Manager | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | |