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(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



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## **COVER LETTER**

## TO: Registration Section Division of Corporations

FLYING4FUN LLC SUBJECT:

(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:

Anthony Lee Kiggins

....

(Contact Person)

FLYING4FUN LLC

(Firm/Company)

13255 110th Ave

(Address)

Largo, FL 33774

(City/State and Zip Code)

For further information concerning this matter, please call:

Anthony Lee Kiggins at (24-3349 (Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee S55 Filing Fee & Certified Copy

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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)

- 2. The Florida document/registration number assigned to this limited liability company is: L21000480605
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: Dec 5, 2021
- 4. I.

(Print Name of Person Resigning)

Member

A . . . .

(Print Title)

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

\_\_\_\_\_, hereby withdraw/resign as a

Signature of Dissociating Member or Resigning Manager

Filing Fee: Certified Copy: S25.00 (Required) S30.00 (Optional)



CR2E079 (2/14)