L73 060 219412

(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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29/ 1/13 (1/2)



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Key West Fly Company LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L23000219412

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	60 A
Address	•
Austin, TX 78717	_
City/State and Zip Code	' ;
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
800 at (773-0888
Name of Person Area Code	Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.011	5. Florida Statutes, the under	signed,	
United States Corporation Agents, Inc.			, hereby resigns as	
	Name of Registered Age		, ,	
Registered Agent for _	Key West Fly Com	pany LLC		
	Name of Lin	nited Liabin:y Company	.	
L23000219412				
Document A	Sumber, if known			
A copy of this resignat	ion was mailed to the	above listed limited liability o	company at its last known address.	
The agency is terminat	ed and the office disco	ontinued on the 31st day after Signature of Resigning Agent	the date on which this statement is filed	
If signing on behalf of	an entity:			
	Cheyenne Mose	əley		
	"	Typed or Printed Name		
	Asst. Secretary for I	United States Corporation Age	ents. Inc.	
		Capacity		
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabilit	d/ voluntarily dissolved/	

Make checks payable to Florida Department of State and mail to:

Division of Corporations P.O. Bay 6327 Tallahassee, FL 32314