

m18000011352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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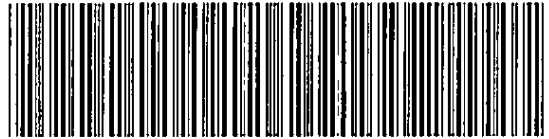
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

Ra Resignation

FEB 13 2024

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLYCLIP, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M18000011352

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:

DAVID PODEIN

Name of Person

HABER LAW, LLP

Name of Firm/Company

251 NW 23 Street

Address

Miami, FL 33127

City/State and Zip Code

DPODEIN@HABER.LAW

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID PODEIN at (305) 379-2400

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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SECRETARY OF STATE
TALLAHASSEE, FL

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

HABER LAW, P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for FLYCLIP, LLC

Name of Limited Liability Company

M18000011352

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

DocuSigned by:

David Podein

Signature of Resigning Agent

If signing on behalf of an entity:

DAVID PODEIN

Typed or Printed Name

PARTNER

Capacity

FILING FEES:

\$ 85.00 Active limited liability company

\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FL

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