

L15000069091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

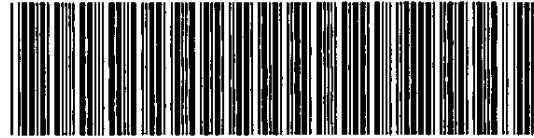
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500289181545

06/22/16--01031--001 **85.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN 22 AM 10:46
J. HARRIS

AUG 23 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: South Jets LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L15000069091

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:

Brian George
Name of Person

Calas Group
Name of Firm/Company

2000 Ponce de Leon Blvd 6th Floor
Address

Coral Gables, FL 33134
City/State and Zip Code

bgeorge@calas.us
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian George at (305) 495-5222
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.0115, Florida Statutes, the undersigned,

Calas Group

, hereby resigns as

Name of Registered Agent

Registered Agent for South Jets LLC

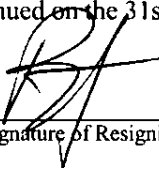
Name of Limited Liability Company

L15000069091

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.



Signature of Resigning Agent

If signing on behalf of an entity:

Brian George

Typed or Printed Name

Registered Agent

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

16 AUG 22 PM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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