L19 00000113309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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20 FEB -6 PM 4:43

**TO:** Registration Section
Division of Corporations

**SUBJECT:** Aviation Machinery Services LLC
Name of Limited Liability Company

**DOCUMENT NUMBER:** L19000011309

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:

Elier Gonzalez Menendez
Name of Person

Aviation Machinery Services LLC
Name of Firm/Company

9807 NW 80 Ave Suite 11D
Address

Hialeah Gardens, FL 33016
City/State and Zip Code

Erickelier@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elier Gonzalez Menendez at (786) 6758831
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$85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

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# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

20 FEB -6 PM 4:44

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

Lazaro Perez Barroso , hereby resigns as
Name of Registered Agent

Registered Agent for
Aviation Machinery Services LLC
Name of Limited Liability Company

L19000011309
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:

Typed or Printed Name

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$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (2/14)