

**L 11000018623**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 JAN 19 AM 10:36

FILED

**C. LEWIS**  
JAN 20 2012  
**EXAMINER**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 9, 2012

KUSHALAKUMARI SINNARAJAH  
AIR LINKERS, LLC  
13091 NW 43RD AVE A1  
OPA LOCKA, FL 33054

SUBJECT: AIR LINKERS, LLC.  
Ref. Number: L11000018623

We have received your document for AIR LINKERS, LLC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 212A00000440

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Air Linkers, LLC

(Name of LLC)

DOCUMENT NUMBER: L11000018623

The enclosed *Resignation* for a *Manager* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kushalakumari Sinnarajah

(Name of Person)

Air Linkers, LLC

(Name of Firm/Company)

13091 NW 43RD AVE A1

(Address)

OPA LOCKA FL 33054 US

(City/State and Zip Code)

For further information concerning this matter, please call:

Same as Above

at ( 786 ) 942-9881

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$~~2500~~ made payable to the Florida Department of State.

**Street Address:**

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

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

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12 JUN -6 AM 8:14

TALLAHASSEE, FLORIDA



FILED  
2012 JAN 19 AM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER  
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: AIR LINKERS, LLC
2. This limited liability company was organized under the laws of:  
FLORIDA
3. The Florida document/registration number of this limited liability company is:  
L11000018623
4. I, NIRUSHAN SIVARASA, hereby resign as a MGRM  
*(Print Name of Person Resigning)* *(Print Title)*  
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

\_\_\_\_\_  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)