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12/03/12--01015--002





COVER LETTER

TO: Registration Section **Division of Corporations**

CARIBBEAN AVIATION LC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

STONY STAFFORD

(Contact Person)

(Firm/Company)

3740 SW 47TH AVE

HOLLYWOOD FL 33023

(City/State and Zip Code)

For further information concerning this matter, please call:

STONY STAFFORD

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

□ \$25 Filing Fee

\$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS

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

MAILING ADDRESS:

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



CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it a		of the Florida Department
2. This limited liabi	lity company was organized ur	nder the laws of:	12 DEC
3. The Florida docu L980000005	ment/registration number of th	is limited liability con	npany is: FEE FLORES
4. I, STONY STA	AFFORD ame of Person Resigning)	, hereby resign as a	
of this limited liab resignation in wri	oility company and affirm the li		, ,
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		