

A22 000000407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

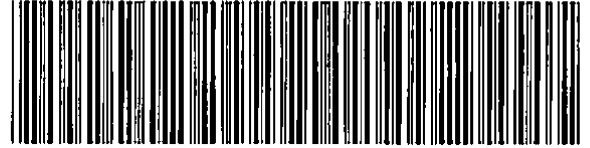
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200433815222

07/30/24--01029--012 **172.50

2024 JUL 30 AM 9:24

FILED

[Handwritten signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Extra Aircraft USA LP

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A22000000407

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jordan Ashley

Contact Person

Extra Aircraft USA LP

Firm/Company

1140A Flightline Blvd

Address

DeLand, Florida 32724

City, State and Zip Code

m.extra@extraaircraft.com

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

For further information concerning this matter, please call:

Jordan Ashley

at (765) 618-3723

Name of Contact Person

Area Code and Daytime Telephone Number

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

☒ \$87.50 Filing Fee

☐ \$140.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2024 JUL 30 AM 9:24

FILED

**RESIGNATION OF REGISTERED AGENT
FOR
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

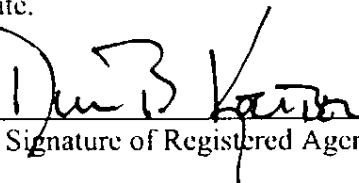
Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

Duncan B. Koerbel _____, hereby resigns as
Name of Registered Agent

Registered Agent for Extra Aircraft USA LP
Name of Limited Partnership or Limited Liability Limited Partnership

A22000000407
Florida Document Number, if known

The agent is terminated on the 31st day after the date on which this statement is filed by the Florida Department of State.


Signature of Registered Agent

If signing on behalf of an entity:

Duncan B. Koerbel
Typed or Printed Name

General Manager
Capacity

2024 JUL 30 AM 9:24

FILED

Filing Fee: \$87.50
Certified Copy (optional): \$52.50