

F 000000035583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

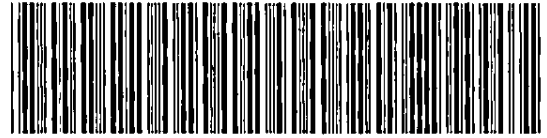
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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400325635674

FILED
2019 MAR 13 AM 9:16
STATE OF FLORIDA
TALLAHASSEE

R. WHITE
MAR 14 2019

NOTED
19 MAR 13 PM 1:59
STATE OF FLORIDA
TALLAHASSEE

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 681948 4805039

AUTHORIZATION :

COST LIMIT : \$35.00



ORDER DATE : March 12, 2019

ORDER TIME : 10:52 AM

ORDER NO. : 681948-005

CUSTOMER NO: 4805039

FOREIGN FILINGS

NAME: AEROUSA, INC.

☒ CORPORATE
☐ LIMITED PARTNERSHIP
☐ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Emily Croft - EXT# 62925

EXAMINER: _____

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

AeroUSA, Inc.

(Name of Corporation)

F00000003583

(Document Number of Corporation (if known))

Connecticut

(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

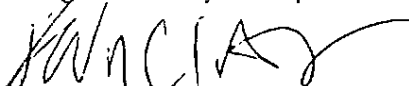
c/o AerCap Group Services, Inc., 100 NE Third Ave., Suite 800

(Mailing Address)

Fort Lauderdale, Florida 33301

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.


(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

3/12/19
(Date)

Kevin Clancy
(Typed or printed name of person signing)

Liquidation Agent
(Title of person signing)

FILING FEE \$35

FILED
2019 MAR 13 AM 9:16
SECRET
TALLAHASSEE