5/18/2020

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

DISSOLUTION OR WITHDRAWAL BBA AVIATION USA, INC.

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COVER LETTER

TO:	Amendment Section Division of Corporations		
SUB	JECT:		
	(Name of Corporation)	
DOC	CUMENT NUMBER:		
The e	enclosed withdrawal application and fee	are submitted for filing	ş.
Please	se return all correspondence concerning th	nis matter to the following	ng:
	(Name of Person)	
	((Firm/Company)	
		(Address)	
	(City	y/State and Zip code)	
For fu	urther information concerning this matter	r, please call:	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		at ()	c Daytime Telephone Number)
	(Name of Person)	(Area Code &	Daytime Telephone Number)
Enclo	osed is a check for the amount:		
□ \$ 3	35 Filing Fee	Certified Copy	Certificate of Status & Certified Copy (Additional copy is enclosed)
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tollahassee, FL 32314	Street Address: Amendment Secti Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL 3	órations Hahassee Street, Suite 810

BBA Aviation USA, Inc.

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

***************************************	(Name of Corporation)		
F05	000007225		
***************************************	(Document Number of Corporation (if k	nown)	
Dela	aware 12/13/2005		
	(Incorporated Under Laws of and date authorized to transact but	smess/conduct its affairs)	
voluntarily so This corpora	tion is no longer transacting business or conducting affairmenders its authority to transact business or conduct affaition revokes the authority of its registered agent in FloDepartment of State as its agent for service of process bas	irs in Florida. rida to accept service on its behalf an	
	uthorized to transact business or conduct affairs in Florida	J	
The followin	g is a current mailing address for the corporation:	2020 MAY	
134	85 Veterans Way, Suite 600		
*******	(Mailing Address)	. 11.	
Órla	indo, Fforida 32827	## & & & & & & & & & & & & & & & & & &	
***************************************	(City/ State /Zip)	<u> </u>	
(Signat receiv	ion agrees to notify the Department of State in the future of a director, possibly of other officer - if in the hands of a er or other court amounted fiduciary, by that fiduciary)	5/12/2020 (Date)	
oviaria.		Vice President	
	(Typed or printed name of person signing)	(Title of person signing)	

FILING FEE \$35