

F 09000000985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

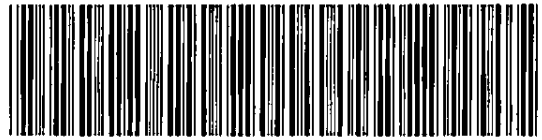
(Business Entity Name)

(Document Number)

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

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700305755527

RECEIVED  
17 NOV 28 AM 12:41

FILED

2017 NOV 28 AM 9:32

C. GOLDEN

NOV 29 2017

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

ACCOUNT NO. : I20000000195

REFERENCE : 920045 8123482

AUTHORIZATION :

COST LIMIT :

\$ 35.00

ORDER DATE : November 17, 2017

ORDER TIME : 9:41 AM

ORDER NO. : 920045-145

CUSTOMER NO: 8123482

FOREIGN FILINGS

NAME: MENZIES AVIATION, 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: Roxanne Turner - EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Menzies Aviation Inc.

\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** F09000000985

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this  
matter to the following:

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

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

\_\_\_\_\_  
(City/State and Zip code)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee.  
Certificate of Status Certified Copy Certificate of Status & Certified  
(Additional copy is Enclosed) Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

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

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1000

(Name of Corporation)

(Document Number of Corporation (if known))

(Incorporated Under Laws of)

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.

4900 Diplomacy Road

(Mailing Address)

(City/ State /Zip)

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

(Date)

Patricia H. Davis  
(Typed or printed name of person signing)

CONFIDENTIAL SECRETARY  
(Title of person signing)

**FILING FEE \$35**