F1100001562

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COVER LETTER

TO: Amendment Section Division of Corporations		
_{SUBJECT:} Insignia TR-24 (E	SN 575647	7), Inc.
SOBSECT.	(Name of Corpora	
DOCUMENT NUMBER: F110000	001562	
The enclosed withdrawal application and the Please return all correspondence concerning		
Nathalie Feria		
	(Name of Person)
Apollo Aviation Grou	ıp, LLC	
	(Firm/Company)	
848 Brickell Ave, Su	ite 500	
	(Address)	
Miami, Florida 3313	1	
(C	ity/State and Zip c	ode)
For further information concerning this matt	er, please call:	
Nathalie Feria	at (305	579-2340
(Name of Person) Enclosed is a check for the amount:	(Area	Code & Daytime Telephone Number)
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing For Certified Copy (Additional cop Enclosed)	Certificate of Status & Certified
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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APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

(Name of Corporation)

(Document Number of Corporation (if known)

Insignia TR-24 (ESN 575647), Inc.

F11000001562

	E E E E
Delaware	
(Incorporated Under La	iws of)
This corporation is no longer transacting business or conductir voluntarily surrenders its authority to transact business or conductions.	
This corporation revokes the authority of its registered agent appoints the Department of State as its agent for service of prothe time it was authorized to transact business or conduct affair	ocess based on a cause of action arising during
The following is a current mailing address for the corporation:	
848 Brickell Ave, Suite 500	
(Mailing Address)	
Miami, Florida 33131	
(City/ State /Zip)	
The corporation agrees to not by 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)	(Date)
William Hoffman	President
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35