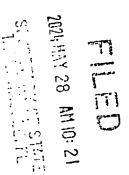
# FILOCOCOCHOIS

(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:			

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#### Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953

#### **ORDER FORM**

TO Florida Department of State The Centre of Tallahassee

2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

**FROM** 

Melissa Moreau

mmoreau@incserv.com

850.656.7953

**REQUEST DATE 05/28/2024** 

**PRIORITY** Routine

OUR REF # (Order ID#) Jacob

**ORDER ENTITY** 

**Avila Aviation Services Inc.** 

#### PLEASE PERFORM THE FOLLOWING SERVICES:

Avila Aviation Services Inc.

Please file the attached withdrawal.

#### NOTES:

\$35.00 Authorized

#### **RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

### **COVER LETTER**

TO:	Amendment Section Division of Corporations		
SHRJ	ECT: AVILA AVIATION SERVICES I	NC.	
CODO		(Name of Corporation)	
DOC	UMENT NUMBER: F11000004018		
The c	nclosed withdrawal application and	fee are submitted for filing.	
Please	e return all correspondence concernin	g this matter to the following:	
	SANDRA BALDA		
		(Name of Person)	
	CISNEROS VENTURES		
		(Firm/Company)	
	I ALHAMBRA PLAZA, SUITE PH		2024
		(Address)	
	CORAL GABLES, FL 33134		228
	(1	City/State and Zip code)	: 1 3
For fu	arther information concerning this ma	itter, please call:	MI 10: 21
SAND	PRA BALDA	at ( 755-5112	· 61 —
	(Name of Person)	(Area Code & Daytime Te	lephone Number)
Enclo	sed is a check for the amount:		
<b>₹ \$</b> 3	5 Filing Fee		ling Fee, of Status & Certified ditional copy is enclosed)
	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 8 Tallahassee, FL 32303	810

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

AVILA AVIATION SERVICES INC.	
(Name of Corpor	ation)
F11000004018	
(Document Number of Corpo	oration (if known)
Delaware, 10/06/2011	
(Incorporated Under Laws of and date authorized to	transact business/conduct its affairs)
This corporation is no longer transacting business or conductivoluntarily surrenders its authority to transact business or conductivoluntarily surrenders its authority to transact business or conductivoluntarily surrenders.	cting affairs within the State of Florida and here and a ffairs in Florida.
This corporation revokes the authority of its registered agrappoints the Department of State as its agent for service of pitime it was authorized to transact business or conduct affairs	rocess based on a cause of action arising during
The following is a current mailing address for the corporation	n:
l alhambra plaza, suite ph	
(Mailing Addre	rss)
CORAL GABLES, FL 33134	元 <u>2</u>
(City/ State /7.	p)
The corporation agrees to notify the Department of State in the	ne future of any change in its mailing address.
A Six-Me_	05/22/2024
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
ALBERT DIAZ-SILVEIRA	DIRECTOR
(Typed or printed name of person signing)	(Title of person signing)