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(Reque	estor's Name)			
(Addre	ss)			
(Addie	ss)			
(City/S	tate/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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Special Instructions to Fili	ng Officer:			
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Diss Rosiga Member



COVER LETTER

TO:	Registration Section Division of Corporations		
	Division of Corporations		
SUBJ	Magellan Aircraft Services	s LLC	
	(Name of L	Limited Liability Co.	mpany)
The e	nclosed member, resignation or disso	ociation and fee(s	s) are submitted for filing.
Please	e return all correspondence concernir	ig this matter to:	
Amai	nda Dunn		
	(Contact Person)		_
Mage	ellan Aircraft Services LLLP		
	(Firm/Company)		_
2345	(B) Township Road		
	(Address)		_
Char	lotte NC 28273		
	(City/State and Zip Code)	-	_
For fu	orther information concerning this ma	atter, please call:	
Amai	nda Dunn	704	504-9204 (7103)
	(Name of Contact Person)		& Daytime Telephone Number)
	sed please find a check made payable 5 Filing Fee		Department of State for: g Fee & Certified Copy
	EET/COURIER ADDRESS:		MAILING ADDRESS:
_	tration Section on of Corporations		Registration Section Division of Corporations
	n Building		P.O. Box 6327
	Executive Center Circle		Tallahassee, Florida 32314
Tallah	nassee. Florida 32301		

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as lellan Aircraft Services LLC	s it appears on the records of the I	Florida Department
2. The Florida doc		ssigned to this limited liability co	ompany is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is:	Feb 01 2019
David C. For	solor	, hereby withdraw/resign as	
Manager			
of this limited lia resignation in wr	iting.	ne limited liability company has b	een notified of my
	ssociating Member or Resig	ning Manager	FEB III PH
	\$25.00 (Required) \$30.00 (Optional)		TH 2: