C020000 25111

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COVER LETTER

то:	Registration Section Division of Corporations		
SUBJ	ECT: Air Orlando Pilot Shop, LLC		
	Name of I	imited Liability	Company
	JMENT NUMBER: L02000025111		
The er		nt for a Limited	Liability Company and fee are submitted
Please	return all correspondence concerning	this matter to th	ne following:
Matth	ew T. Farr, Esq.		
	Name of Person		
Farr (Group, PL		
	Name of Firm/Company		
7479	Conroy-Windermere Road, Suite D)	
	Address		
Orlan	do, FL 32835		
	City/State and Zip Code		
mb01	@farr-group.com		
E	mail address: (to be used for future annual rep	ort notification)	
For fu	rther information concerning this matte	er, please call:	
Matth	new T. Farr Name of Person	407	822-4222
	Name of Person	Area Code	Daytime Telephone Number
Enclos liabilit liabilit	sed is a check made payable to the Flor ty company or \$25.00 for an administra ty company.	ida Department ntively dissolved	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited
MAIL	ING ADDRESS:	STREE	ET ADDRESS:
_	ration Section	Registration Section	
	on of Corporations	Division of Corporations	
P.O. E	3ox 6327	Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.011	5, Florida Statutes, the	undersigned,
Matthew T. Farr, Es	q.		, hereby resigns as
	Name of Registered Age		,,
Registered Agent for Air	Orlando Pilot S	hop, LLC	
	Name of Lin	nited Liability Company	
L02000025111			
Document Nur	nber, if known		
A copy of this resignation	n was mailed to the	above listed limited lial	bility company at its last known address.
The agency is terminated	and the office disco	Signature of Resigning A	y after the date on which this statement is filed.
If signing on behalf of an	entity:		DEC AHAS
	7	Typed or Printed Name	SCE.F.
		Capacity	STAPE LONDA
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liabil Administratively diswithdrawn limited	lity company ssolved/ voluntarily dissolved/ liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314