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SEC. OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** M.C. Air LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L03000046274

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Ramon Campana**

Name of Person

**M.C. Air LLC**

Name of Firm/Company

**7814 Emu Drive**

Address

**Orlando, FL, 32822**

City/State and Zip Code

**ramon.campana@fluor.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Ramon Campana**

Name of Person

at ( **407** ) **902-8744**

Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

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

FILED  
2013 NOV 25 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Andrea Echeverry

, hereby resigns as

Name of Registered Agent

Registered Agent for M.C. Air LLC

Name of Limited Liability Company

L03000046274

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Andrea Echeverry

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

2013 NOV 25 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

### **FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

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