

204 0000 85196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

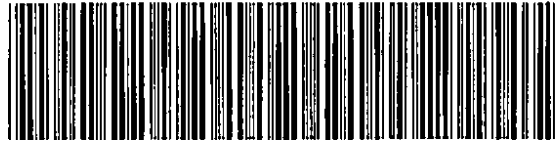
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MAR 23 2022

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2022 MAR 14 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CVRA AERONAUTICAL LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L04000085196

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:

PINA YADONISI

Name of Person

CASYA BUSINESS SOLUTIONS CORP

Name of Firm/Company

15800 PINES BLVD. SUITE 305

Address

PEMBROKE PINES

City/State and Zip Code

CASYABUSINESS@YAHOO.COM

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

For further information concerning this matter, please call:

PINA YADONISI

at (954) 8052664

Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

2022 MAR 14 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FL

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Casya Business Solutions, Corp., hereby resigns as
Name of Registered Agent

Registered Agent for CVRA AERONAUTICAL LLC

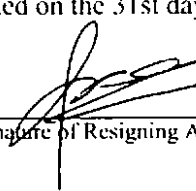
Name of Limited Liability Company

L04000085196

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.



Signature of Resigning Agent

If signing on behalf of an entity:

PINA YADONISI

Typed or Printed Name

Capacity

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