# 1-06000004163

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(Add	dress)	
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SECRETARY OF STATE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Pes.

## COVER LETTER

SUBJECT: Nexxus Aerospace LLC	
(Name of Limited Liability DOCUMENT NUMBER: L0600004163	Company)
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	he following:
Jennifer Becker (Name of Person)	-
Nexxus Aerospace LLC (Name of Firm/Company)	-
1091 NE 88 Street (Address)	
33138 Miami Florida (City/State and Zip Code)	-
For further information concerning this matter, please call:	•
Jennifer Becker at ( 305 (Area Cod	) 502-6936 e & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Departmen liability company or \$25.00 for an administratively dissolve limited liability company.	at of State for \$85.00 for an active limited ed, voluntarily dissolved or withdrawn

### **MAILING ADDRESS:**

**TO:** Amendment Section Division of Corporations

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

# 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,
Tim Fritzenwalder	, hereby resigns as
(Name of Registered Agent)	, notes, resigns as
Registered Agent for Nexxus Aerospace LLC	
(Name of Limited Liability Co	ompany)
L06000004163	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed lin	nited liability company at its last known address.
The agency is terminated and the office discontinued on the	
If signing on behalf of an entity:	ZS S
(Typed or Printed ?	Name)
(Capacity)	LED RY OF S. SEE, FL

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\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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