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(Re	equestor's Name)			
(Address)				
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(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	ocument Number)			
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Certified Copies	Certificates	of Status		
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Special Instructions to	Filing Officer:			
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COVER LETTER

TO:	_	stration Section sion of Corporations				
SUBJ	ECT:	Aerostatics, LLC				
		(Name of Limited Liability Company)				
The e	nelosed	I member, resignation or dis	sociation and fee(s	s) are submitted for filing.		
Please	return	all correspondence concern	ing this matter to:			
Bradle	y Spatz					
		(Contact Person)		-		
Aerost	aties, LI	L.				
		(Firm/Company)	· · · · · · · · · · · · · · · · · · ·	·-		
1921 N	SW 20th	Way				
		(Address)		_	 5- 1	787
Gaines	ville, Fl	. 32605			. .	1 1 H 1 2 2 1
		(City/State and Zip Code)		-		-
For fu	rther in	nformation concerning this r	natter, please call:		77	
Bradle	y Spatz		352 at (375-1654		71.10
	(N	ame of Contact Person)		& Daytime Telephone Number)		•
		ase find a check made payal	ble to the Florida I	Department of State for:		
■ \$2.	5 Filing	g Fee	🗆 \$55 Filing	g Fee & Certified Copy		
		ng Address:		Street Address:		
		stration Section		Registration Section		
		sion of Corporations Box 6327		Division of Corporations The Centre of Tallahassee		
		hassee, FL 32314		2415 N. Monroe Street, Suite	810	

Tallahassee, FL 32303

 $\Gamma\Gamma_i$

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)

The name of the limited liability company as of State is: Aerostatics, LLC	s it appears on the records of the Florida Department
2. The Florida document/registration number a L0600967515	ssigned to this limited liability company is:
3. The date this member/manager withdrew/res 4. 1. Stephen Holway (Print Name of Person Resigning)	signed or will withdraw/resign is: \$\frac{3}{2022}\$, hereby withdraw/resign as a
Resigning Member (Print Title)	he limited liability company has been notified of my Ar Company has been notified of m

Filing Fee: Certified Copy: \$25.00 (Required)

\$30.00 (Optional)