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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: A.J. Paradise LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Scott C. Burgess

(Contact Person)

Aviation Legal Group, P.A.

5525 NW 15th Avenue, Suite 200

(Address)

Fort Lauderdale, FL 33309

(City/State and Zip Code)

For further information concerning this matter, please call:

Allison Sass

THE PLANT OF THE PARTY OF THE P

(Name of Contact Person)

at ($\underbrace{954}_{\text{(Area Code & Daytime Telephone Number)}}$

Enclosed please find a check made payable to the Florida Department of State for:

■ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MEMBER OR FROM FLORIDA OR FOREIGN LIMITED LIABILITY CON

	limited liability company as i Paradise LLC	t appears on the records of the Florida Department
2. This limited liab	oility company was organized t	under the laws of:
3. The Florida doc L070000184	_	his limited liability company is:
(Print N	lame of Person Resigning)	, hereby resign as a Manager (Print Title)
of this limited lia resignation in wr		limited liability company has been notified of my
Signature of Res	igning Member, Managing Me	ember or Manager
Filing Fee:	\$25.00 (Required)	

Certified Copy:

\$30.00 (Optional)