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To: Division of Corporations		>
Fax Number : (850)617-6383	-	4

From:

£

Account Name : MARK B. GOLDSTEIN, P.A.

Account Number : I20060000077 Phone : (561)989-9955 Fax Number : (561)989-9966

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KC FXE AVIATION INVESTMENTS, LLC

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## **COVER LETTER**

Division of Corporations		
SUBJECT: KC FXE AVIATION INVESTM	IENTS, LLC	
(Name of Limite	ed Liability Con	првиу)
The enclosed member, resignation or dissociate	tion and fee(s	a) are submitted for filing.
Please return all correspondence concerning th	is matter to:	·
Angela Warshefski		; ;
(Contact Person)		
Mark B. Goldstein PA		,
(Firm/Company)		_
2700 N. Military Trail, Suite 130		_
(Address)		
Boca Raton, FL 33431		_
(City/State and Zip Code)	,	
For further information concerning this matter	, please call:	
Angela Warshefski	561 at (	989-9955
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida I	Department of State for: g 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

CR2E679 (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)

	nited liability company as it E AVIATION INVESTMEN		he Florida Dep	partment (
2. The Florida docum L09000034851	ent/registration number assi	gned to this limited liability	company is:	
4. I, Mark B. Goldste (Print Name Manager (Print Name)	ein  oe of Person Resigning)  rint Title)  ity company and affirm the ing.	, hereby withdraw/resign	n as a	
Signature of Dies	ociating Member or Resigni	ng Manager		
Filing Fee: Certified Copy:				