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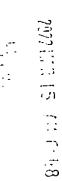
(Requestor's Name)
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MAR 28 2022

## **COVER LETTER**

Registration Section

TO:

**Division of Corporations** XTREME AVIATION SERVICES LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: PATRICIA C VITTO (Contact Person) XTREME AVIATION SERVICES LLC (Firm/Company) 8081 NW 31 ST (Address) DORAL, FL 33122 (City/State and Zip Code) For further information concerning this matter, please call: PATRICIA C VITTO (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Street Address: **Mailing Address:** Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



## 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 it appears on the records of the Florida Department of State is:    XTREME AVIATION SERVICES LLC
2. The Florida document/registration number assigned to this limited liability company is:
27-1147175
3. The date this member/manager withdrew/resigned or will withdraw/resign is:
4. I, PATRICIA CASTILLO VIITO, hereby withdraw/resign as a, hereby withdraw/resign as a
(Print Name of Person Resigning)
MANAGER
(Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.  Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)