

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

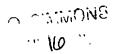




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## **COVER LETTER**

TO: Registration Section

CR2E079 (2/14)

Division of Corporations			
Presto Air LLC			
(Name of Limited Liability Company)			
The enclosed member, resignation or dissocia	tion and fee(	s) are submitted for filing.	
Please return all correspondence concerning to	his matter to:		
William B Ginn			
(Contact Person)		_	
Presto Air LLC			
(Firm/Company)	· · · · · · · · · · · · · · · · · · ·	<del></del>	
1181 S. Sumter Blvd #303			
(Address)			
North Port, Fla 34287			
(City/State and Zip Code)		<del>_</del>	
For further information concerning this matte	r, please call:		
William B Ginn	941 at (	876-1062	
(Name of Contact Person)		e & Daytime Telephone Number)	
Enclosed please find a check made payable to ☐ \$25 Filing Fee		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	



## 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)

	limited liability company as it appato Air LLC	pears on the records of the Florida Department
2. The Florida docu L10000016682	•	d to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned	or will withdraw/resign is:
Mellica Ginn		
Manager		
	(Print Title)	
of this limited lial resignation in wri		ted liability company has been notified of my
Mellia	L. Ginn	
Signature of Di	ssociating Member or Resigning I	Manager
	\$25.00 (Required) \$30.00 (Optional)	