

L10000043564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

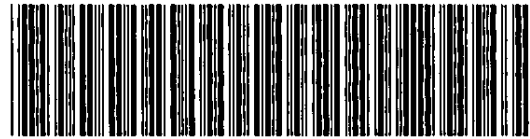
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2013 OCT 21 PM 1:20
CLERK OF COURT
FALL ANGELES FLORIDA

OCT 22 2013

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Clea Aviation, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L10000043564

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ruth A. Martell

Name of Person

BDB Agent Co.

Name of Firm/Company

3800 Embassy Parkway, Suite 300

Address

Akron, OH 44333

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ruth A. Martell

Name of Person

at (**330**) **643-0204**

Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
2013 OCT 21 PM 1:20
TALLAHASSEE FLORIDA
FLORIDA DEPARTMENT OF STATE

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

BDB Agent Co.

_____, hereby resigns as
Name of Registered Agent

Registered Agent for **Clea Aviation, LLC**

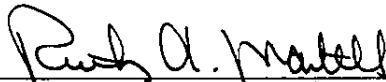
Name of Limited Liability Company

L10000043564

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Ruth A. Martell

Typed or Printed Name

Assistant Secretary

Capacity

FILED
2019 OCT 21 PM 1:20
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE-FLORIDA

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**