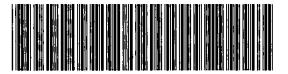
L10000084011

(Red	questor's Name)	 		
(Address)				
(Address)				
(City	//State/Zip/Phon	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only

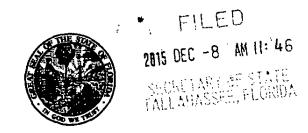


800279395888

12/08/15--01009--005 **25.00

2815 DEC -8 M 11: 46

W. Ballage Comment



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)

1. The name of the	limited liability comp	oany as it appears o	n the records of the	Florida Department
of State is:	PELICAN FLIGHT	TRAINING	LL(
2. The Florida doc	ument/registration nu	mber assigned to th	is limited liability o	company is:
L10000	084077			
3. The date this m	ember/m anage r w ithd	row/resigned or will	Lwithdraw/resign is	s: NOVEMBER 21 2015.
	RENCE A. FENSOM Name of Person Resigning		y w ithdraw /resign :	as a
MEM	BER (Print Title)	 .		
of this limited liz resignation in w	ability company and af	Firm the limited lia O M Luus M r Resigning Manag		been notified of my
	M		er	
Filing Fee: Certified Copy:	\$25.00 (Required \$30.00 (Optional)			