

L11 000099404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

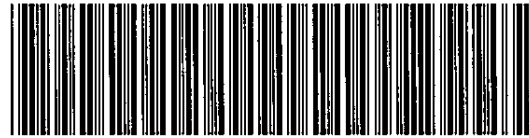
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

SEP 17 2014

C. CANNON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BKV Aero Squadron LLC

(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:

Walter Doiron

(Contact Person)

BKV Aero Squadron LLC

(Firm/Company)

22220 Skyview Circle

(Address)

Brooksville, FL 34602

(City/State and Zip Code)

For further information concerning this matter, please call:

Walter Doiron

(Name of Contact Person)

at ( 352 ) 293 6303

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$55 Filing 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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: BKV Aero Squadron LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L11000099404

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/08/2014

4. I, Aubrey Doyle Teachey, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MGR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Aubrey Doyle Teachey  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
SEP 10 PM 1:39  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE