# L/1000/13078

(Re	equestor's Name)			
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OCT 1 1 2013

D. TRUCE

#### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Aeviol Elite LLC (Name of Limited Liability Company)		
The enclosed member, managing member or manager resignation and fee(s) are subfiling.	mitted for	
Please return all correspondence concerning this matter to:		
Thomas Ciaramitaro (Contact Person)		
Aerial Elite LLC (Firm/Company)	Mer.	
941 SW College Pork Rd	2017 OCT 10 ACLARIASS	
Port St. Lucie +134953 (City/State and Zip Code)	O PM12: 20 RY OF \$ TAJE ISSEE FLORIDA	
For further information concerning this matter, please call:	20 ************************************	
Thomas Ciaramitaro ,772, 342-52	اه	

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

#### STREET/COURIER ADDRESS:

(Name of Contact Person)

□ \$25 Filing Fee

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 **MAILING ADDRESS:** 

(Area Code & Daytime Telephone Number)

Certified Copy

\$55 Filing Fee &

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the of State is:	imited liability company as it appears	on the records of the Flo	orida Departmen	ıt
	lity company was organized under the States of America	laws of:	2017 OCT 1 O	
LIIOOC	ment/registration number of this limite		PH 12:	
(2 / 1/1/2 / 1/1	here  ine of Person Resigning)  illity company and affirm the limited li	, a r	rint Tille)	,
resignation in wri	ring.	aomty company nas bee	n nouned of my	,
	ning Member, Managing Member or	Manager		
	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			