## L11000141871

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(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
		•
(Bu	usiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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D. BRUCE
APR 2 8 2012
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: WRDC AVIATION I LLC			
(Name of Fore	eign Limited Liability	Company)	
Dear Sir or Madam:			
The enclosed withdrawal and fee(s) are submittee	for filing.		
Please return all correspondence concerning this	matter to the following	g:	
CHUCK LOJEWSKI			
(Name of Person)		-	
WRDC		_	
(Firm/Company)			
422 COLUTED AVENUE COUTE OF	.0		
123 COULTER AVENUE, SUITE 20	···	-	
(Address)		room to park	SSE 20
ARDMORE, PA 19003			
(City/State and Zip Code	<del>(</del> )		
For further:information concerning this matter, pl	ease call:		<b>3 6</b>
1 of further-information concerning this matter, p	case can.		
MICHAEL B. WILLNER	at (610	) <u>352-1300</u>	<u>-</u>
(Name of Person)	(Area Code &	Daytime Telephone Number)	)
STREET/COURIER ADDRESS:	MAII	LING ADDRESS:	
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314		
Tallahassee, Florida 32301	i anan	iassee, Florida 32314	
Enclosed is a check for the following amount:			
☑ \$25 Filing Fee □ \$30 Filing Fee &	□ \$55 Filing Fee &	■ \$60 Filing Fee,	
Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	ኒ

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

WRDC AVIATION I LLC
(Name of limited liability company)
FLORIDA (Jurisdiction of its organization)
(Jurisdiction of its organization)
L11000141871
(Florida Document Number)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.
123 COULTER AVENUE, SUITE 200
(Mailing address)
ARDMORE, PA 19003
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.  (Signature of member or authorized representative of a member)
MICHAEL B. WILLNER
(Typed or printed name of signee)

Filing Fee: \$25.00