420000074879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

100353338541

10/08/20--01006--016 **85.00

20 OCT -8 PM 1:02

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RCS Aviation LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L12000074879

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:

Robert Taraboulos
Name of Person

Kabat Schertzer de la Torre Taraboulos & CO
Name of Firm/Company

9300 S. Dadeland Blvd - Suite 600
Address

Miami, FL 33196
City/State and Zip Code

rtaraboulos@ksdt-cpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Taraboulos at (305) 670-3370
Name of Person — 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$85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Kabat Schertzer de la Torre Taraboulos & CO , hereby resigns as

Name of Registered Agent

Registered Agent for RCS Aviation LLC

Name of Limited Liability Company.

L12000074879

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.

Robert Taraboulos

Signature of Resigning Agent

If signing on behalf of an entity:

Robert Taraboulos

Typed or Printed Name

CPA

Capacity

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$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (2/14)