L12000083513

· (F	Requestor's Name)				
	Address)				
(/	Address)				
(1	City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)				
·					
(Document Number)					
Certified Copies	Certificates of	Status			
Special Instructions	to Filing Officer:				
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Office Use Only



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October 31, 2016

KENNETH CRANE P.O. BIX 784676 WINTER GARDEN, FL 34778

SUBJECT: TRAX AIR, LLC Ref. Number: L12000082513

We have received your document for TRAX AIR, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 816A00023374

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

CR2E079 (2/14)

TO: Registration Section Division of Corporations
SUBJECT: TRay Air 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:
Kenneth Crane (Contact Person)
TRay Air LLC (Firm/Company)
Po Box 784676 . (Address)
Winter Courden FZ 34778 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (407) 883 0459 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\Boxed{\text{\$\text{\$\text{Piling Fee}}}}\$\$ \$\Boxed{\text{\$\}\$\text{\$\text{\$\text{\$\texi\exitt{\$\text{\$\text{\$\text{\$\text{\$\tex
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 lin	nited liability compan	y as it appears	on the records of	the Florida Depa	ırtment
of State is:	ax Air L	-LC			
2. The Florida docum	ent/registration numbe	er assigned to t	his limited liabili	ty company is:	
<u> L12000</u>	82513				
3. The date this members	per/manager withdrew	resigned or wi	ll withdraw/resig	n is: 10/17	1/2016
4. I, Kennem (Print Name	Crane of Person Resigning)	, here	by withdraw/resig	gn as a	
	int Title)	•			
of this limited liabil resignation in writing	ity company and affirm	n the limited li	ability company l	has been notified	of my
Signature of Diss	ociating Member or Re	esigning Mana	ger		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	See	Letter.	BIARY OF S	迎火
				ORITATE	2