L12000159360

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE

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COVER LETTER

Liability C	ompany)
anager res	ignation and fee(s) are submitted for
s matter to):
	ECRET
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	2013 AUG 21 PM 4: 39 FALLAHASSEE, FLURIBI
	— जिल्ला
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please cal	1:
407	268-6626
	de & Daytime Telephone Number)
	Department of State for: \$55 Filing Fee & Certified Copy
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	please cal 407 (Area Cone Florida

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:	limited liability company as ual Operations, LLC	it appears on the record	s of the Florida Department
Florida	ility company was organized		
3. The Florida doct L1200015936	ument/registration number of	f this limited liability con	mpany is:
4. I, Tim Platt (Print Name of Person Resigning)		hereby resign as a	Managing Member
(Print N	lame of Person Resigning)	, nereby resign as a	(Print Title)
of this limited lia resignation in wr	bility company and affirm thiting.	ne limited liability compa	any has been notified of my
Signature of Resi	igning Member, Managing N	Member or Manager	ZÓJIS AUG 21 SECRETARY FALLAHASSE
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		PM 4:3