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Special Instructions to I	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Xcam Aerials, LLC		
(Name of Limit	ted Liability C	ompany)
The enclosed member, resignation or dissocia	tion and fee	(s) are submitted for filing.
Please return all correspondence concerning the	his matter to	:
Jordan N. Klein, Jr.		
(Contact Person)		_
Xcam Aerials, LLC		
(Firm/Company)		
10197 SE 14th Place		
(Address)		
Summerfield, FL 34491		*** · · · · · · · · · · · · · · · · · ·
(City/State and Zip Code)		
For further information concerning this matter	r, please call	1:
Jordy Klein	352	288-3999
(Name of Contact Person)		de & Daytime Telephone Number)
Englaced places find a shock made narrhle to	the Florida	Donartment of State for
Enclosed please find a check made payable to \$\bigseleft\$ \$25 \text{ Filing Fee}\$		ng Fee & Certified Copy
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STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314
Tallahassee, Florida 32301		
CD2E070 (2/14)		



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EXCELLAGAS SELECTED RIDA

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)

	limited liability company as it appears on the records of the Florida Department m Aerials, LLC
2. The Florida doc L1300000592	ument/registration number assigned to this limited liability company is:
3 The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
Front Otalia	, hereby withdraw/resign as a lame of Person Resigning)
MGR	
	(Print Title)
resignation in wr	Luy
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)