

L13000049451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

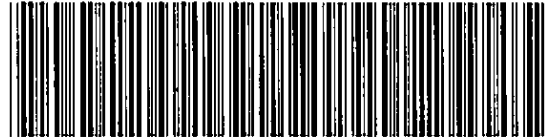
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500319747985

10/17/18--01027--015 **55.00

RECEIVED

OCT 16 2018

Section 1001
Filing Office

18 OCT 16 AM 10:52

FILED

OCT 27 2018

SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVIATION VENTURES of SC, 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:

DAVID GROVE
(Contact Person)

AVIATION VENTURES of SC, LLC
(Firm/Company)

34 LINCOLN LOOP
(Address)

PORT ORANGE FL 32128
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID GROVE at (386) 214-4492
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

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 limited liability company as it appears on the records of the Florida Department of State is: AVIATION Ventures of SC, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L13000049451

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/11/18

4. I, WALTER ULRICH, hereby withdraw/resign as a
(Print Name of Person Resigning)

MEMBER
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
18 OCT 16 AM 10:52