

L13 DEC 148 583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

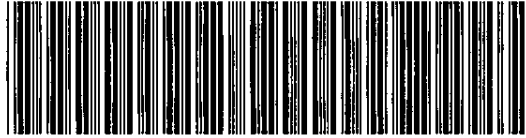
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 21 2014

C. CARROTHERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: N524MA LEASING, LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L13000168583

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:

ANDESON CASTRO

Name of Person

ACPA

Name of Firm/Company

2103 CORAL WAY, SUITE 800

Address

MIAMI, FL 33145

City/State and Zip Code

ac@andersoncastrolaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anderson Castro at (**305**) **371-3993**
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

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

Joshua Birmingham

, hereby resigns as

Name of Registered Agent

N524MA LEASING, LLC

Registered Agent for

Name of Limited Liability Company

L13000168583

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.



Signature of Resigning Agent

If signing on behalf of an entity:

JOSHUA BIRMINGHAM

Typed or Printed Name

REGISTERED AGENT

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withdrawn limited liability company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

2015 MAY 15 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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