# L14000099257

(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:				
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## LLC MEMBER RESIGN

AUG 2 8 2014 T. CARTER

#### COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: AOG AVIATION SOLUTIONS LLC			
(Name of Limited Liability C	Company)		
The enclosed member, resignation or dissociation and fe	e(s) are submitted for filing.		
Please return all correspondence concerning this matter t	o:		
NOAH WIESENFELD			
(Contact Person)	<del></del>		
TOV MEOD			
(Firm/Company)	<del></del>		
3389 SHERIDAN ST # 446			
(Address)			
HOLLYWOOD, FLORIDA 33021			
(City/State and Zip Code)			
For further information concerning this matter, please ca	ll:		
NOAH WIESENFELD 954	989-3774		
(Name of Contact Person) (Area Co	ode & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for:  \$\Bigsim \frac{1}{2}\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		

CR2E079 (2/14)





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#### 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)

The name of the limited liability company as it appears on the records of the Florida Department of State is:  AOG AVIATION SOLUTIONS LLC			
2. The Florida doc L1400009925	-	igned to this limited liability company is:	
3. The date this me	ember/manager withdrew/resig	gned or will withdraw/resign is:	
4. I, NACHUM WIESENFELD		hereby withdraw/resign as a	
(Print)	Name of Person Resigning)		
ASSOCIATE	D PERSON		
	(Print Title)		
of this limited lia resignation in w		limited liability company has been notified of my	
Xar	har i es and		
Signature of D	issociating Member or Resign	ing Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		