# L14000105161

(Requestor's	Name)			
(Address)				
, ,				
(Address)				
(City/State/Z	ip/Phone #)			
PICK-UP V	VAIT MAIL			
(Business E	ntity Name)			
(Document N	Number)			
Certified Conies Ce	etificates of Status			
Certified Copies Certificates of Status				
Special Instructions to Filing Off	icer.			





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TALLAHASSEE, FLORIDA

### COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Universal Air Acceptance	Group, LLC
Name of Limited Liability	Company
DOCUMENT NUMBER: L14000105161	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
at (	773-0888
	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisio	ns of section 605.011	<ol><li>Florida Statutes, the under</li></ol>	signed,			
United States Corporation Agents, Inc. hereby re				15		
	Name of Registered Age	nt		.5		
Registered Agent for U	niversal Air Acce	otance Group, LLC	<del></del>			
	Name of Lin	nited Liability Company				,
		,				
L14000105161						
Document Nu	imber, if known					
A copy of this resignation	on was mailed to the a	above listed limited liability o	ompany at its la	st known a	addres	is.
The agency is terminate	d and the office disco	ntinued on the 31st day after	the date on whic	ch this stat	lemeni	t is filed.
		CU				
		Signature of Resigning Agent				
If signing on behalf of a	n entity;					
	Cheyenne Mose	eley				
	Typed or Printed Name			Ţ,	22	
	Asst. Secretary for United States Corporation Age		ints, Inc.		123	
		Capacity		AH.	SEP	1
				SSI)	2028 SEP 15	FILE
				m~		
	<u>FILING</u> \$ 85.00	FEES: Active limited liability co	mnany	FLC	AM E	{
	\$ 25.00	Administratively dissolved withdrawn limited liability	d/ voluntarily dis	sserved/	8: 29	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314