## 214000149585

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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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ALLAHASSEE FLORINA



## **COVER LETTER**

SUBJECT: KSVA AVIATOR LLC  Name of Limited Liability Company
DOCUMENT NUMBER: L 14000149585
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:
Name of Person
Name of Firm/Company
PO Box 1423 Address
Stuant FU 34995  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (305) 282-4/68  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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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: STREET ADDRESS:

Registration Section

Tallahassee, FL 32301

Clifton Building

**Division of Corporations** 

2661 Executive Center Circle

INHS17 (2/14)

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

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

Pursuant to the provisio	ns of section 605.011:	5, Florida Stat	utes, the und	ersigned,			
DONALD	E. Co++ Name of Registered Ager	· /		, hereby resigns a	s		
	_						
Registered Agent for	K S UT1 71 V	MINIOR					
	Name of Lim	nited Liability Con	прапу				ı
	149585 Imber, if known						
A copy of this resignation	on was mailed to the a	above listed lin	nited liability	company at its las	st known add	ress.	
The agency is terminate	d and the office disco	ntinued on the	31st day afte	er the date on whic	h this statem	ent is	filed.
	Danalo	Signature of Re	The Signing Agent	TH_			
If signing on behalf of a	n entity:				SECKE FALLAH	17 00	
	T	yped or Printed N	ame		IASY 9 IASSEE,	-6 T	FILED
		Capacity			FLORIDA	5 AN 11: 57	Ö
	<b>FILING</b> \$ 85.00 \$ 25.00	Active limit Administrat	ed liability c ively dissolv limited liabil	ompany ed/ voluntarily dis ity company	solved/	-	

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