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SECRETARY OF STAIL

COVER LETTER

Registration Section Division of Corporations Mango Aviation Parts, LLC. Name of Limited Liability Company DOCUMENT NUMBER: L14000196462 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: Nestor Caballero, CPA. Name of Person Caballero, Fierman, Llerena & Garcia, LEP Name of Firm/Company 8950 SW 74th Court, Suite 1210 Address Miami, FL 33156 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 662-7272

Area Code Daytime Telephone Number Nestor Caballero, CPA Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0115. Florida	Statutes, the undersigned,
Caballero, Fierman, Lleiena & Garcia, LLP. Name of Registered Agent , he		haraka madana an
		. Hereby resigns as
Registered Agent for Mang	to Aviation Parts, LLC.	
	Name of Limited Liabilit	ty Company
L14000196462		
Document Numb	er, if known	
A copy of this resignation	was mailed to the above listed	rd limited liability company at its last known address.
The agency is terminated a	nd the office discontinued on	the 31st day after the date on which this statement is filed.
	Signature o	of Resigning Agent
If signing on behalf of an e	ntity:	
N	estor Caballero, CPA	SEE OF IT
	Typed or Print	ied Name
Pa	rtner	
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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