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FEB 2 0 2015 T. CARTER

COVER LETTER

то:	Registration Section Division of Corporations				
SUBJE					
	(Name of Lim	(Name of Limited Liability Company)			
The en	closed member, resignation or dissocia	ition and fee(s) are submitted for filing.		
Please	return all correspondence concerning t	his matter to:			
RAFA	EL BENAVENTE				
	(Contact Person)				
BARL	J CAPITAL PARTNERS, LLC				
	(Firm/Company)		-		
735 H	IARBOR DRIVE				
	(Address)		_		
KEY E	BISCAYNE FLORIDA 33149				
	(City/State and Zip Code)		-		
For fu	rther information concerning this matte	r, please call:			
RAFA	EL BENAVENTE	786	235-8700		
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: \$\Bigsim \frac{1}{2}\$ \$55 Filing Fee & Certified Copy					
Regist Division Clifton 2661 E	ET/COURIER ADDRESS: ration Section on of Corporations n Building Executive Center Circle assee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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)

	Ilimited liability company as it appears on the records of the Florida Department NTRAL CHARTER AVIATION SOLUTIONS, LLC
2. The Florida doc L1500000196	ument/registration number assigned to this limited liability company is:
3. The date this m	ember/manager withdrew/resigned or will withdraw/resign is: 2/1/2015
4. I,	TAL PARTNERS, hereby withdraw/resign as a, hereby withdraw/resign as a
MGR	
	(Print Title)
of this limited lia resignation in w	bility company and affirm the limited liability company has been notified of my riting. FOR BARL CAPITAL PARTNETS.
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Conv:	\$30.00 (Ontional)