

L15000024244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

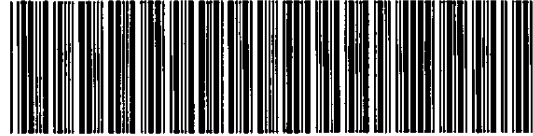
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

✓

Office Use Only



900286557299

06/09/16--01030--012 **25.00

FILED
2016 JUN -9 PM 5:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

M. MILLIGAN
EXAMINER

JUN 16

EDWARDS COHEN

Attorneys at Law

200 West Forsyth Street, Suite 1300
Jacksonville, Florida 32202
Telephone 904.633.7979
Facsimile 904.633.9026

June 8, 2016

Via FedEx

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: AERIAL IMAGING TECHNOLOGIES LLC / DISSOCIATION OR RESIGNATION
OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY
COMPANY

Good Afternoon:

Regarding the above, enclosed please find the original Dissociation or Resignation of Member, Manager from Florida or Foreign Limited Liability Company for filing.

Also enclosed is our firm's check in the amount of \$25.00 representing the filing fee for same.

Should you have any questions or comments, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to be "David Edwards", written over a horizontal line.

David Edwards

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aerial Imaging Technologies LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Grant Ward

(Contact Person)

Aerial Imaging Technologies LLC

(Firm/Company)

2370 Merri Anne Drive

(Address)

Jacksonville, FL 32216

(City/State and Zip Code)

For further information concerning this matter, please call:

Grant Ward

(Name of Contact Person)

at (904)

724-4452
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Aerial Imaging Technologies LLC.
2. The Florida document/registration number assigned to this limited liability company is:
L15000024244.
3. The date this member/manager withdrew/resigned or will withdraw/resign is: June 3, 2016
4. I, Kevin D. Barth, hereby withdraw/resign as a
(Print Name of Person Resigning)
Vice President and Member
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
2016 JUN -9 PM 5:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA