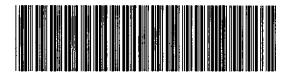
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(Address)				
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(Autority)	11033)			
(City	//State/Zip/Phon	e #)		
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## **COVER LETTER**

	istration Section sion of Corporations		
SUBJECT	ACTIVE-PRO AERO LLC	iaal Liabilia Car	
	(Name of Lim	ited Liability Con	npany)
The enclose	d member, resignation or dissocia	ation and fee(s	s) are submitted for filing.
Please retur	n all correspondence concerning	this matter to:	
RUBEN S	HUMEEV		
	(Contact Person)		_
	(Firm/Company)		<del></del>
132 BIG C	OAK BND		
	(Address)		_
OVIEDO,	FL 32766		
	(City/State and Zip Code)		_
For further	information concerning this matte	er, please call:	
RUBEN S		646	864-9902
(1	Name of Contact Person)	_	& Daytime Telephone Number)
Enclosed pl	ease find a check made payable to g Fee		Department of State for: g Fee & Certified Copy
Registration Division of Clifton Bui 2661 Execu	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



## 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)

	IVE-PRO AERO LLC	s it appears on the records of the Florida Department
2. The Florida doc	ument/registration number a	assigned to this limited liability company is:
L15000036494		ECCRE ELAH ——•
3. The date this me	mber/manager withdrew/re	signed or will withdraw/resign is:
4. I, SERGEY LUKYANOV		, hereby withdraw/resign as a
(Print N	ame of Person Resigning)	, norse, wandarwissign as 1.00 O.
MANAGING	MEMBER	IDA P
	(Print Title)	
of this limited lia resignation in wr		he limited liability company has been notified of my
fl. to	ergen Lukyan issociating Member or Resi	ov
Signature of D	issociating Member or Resi	gning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	