

LI 8 0000 42970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

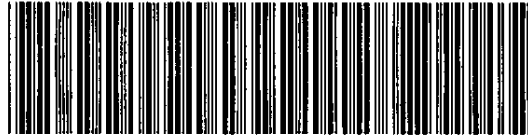
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300276070653

08/19/15--01019--001 **55.00

FILED
15 AUG 19 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 20 2015

J SHIVER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CONTINENTAL AEROMEDICAL GROUP, 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:

JENNIFER ARIAS

(Contact Person)

CONTINENTAL AEROMEDICAL GROUP, LLC

(Firm/Company)

1111 BRICKELL BAY DR. #2901

(Address)

MIAMI, FLORIDA 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

JENNIFER ARIAS

619

6077830

at (_____) _____

(Name of Contact Person)

(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: CONTINENTAL AEROMEDICAL GROUP, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L15000042930

3. The date this member/manager withdrew/resigned or will withdraw/resign is: AUG. 1, 2015
JESUS BIDALES

4. I, _____, hereby withdraw/resign as a
(Print Name of Person Resigning)
MANAGER
(Print Title)

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

8-1-2015

Signature of Dissociating Member or Resigning Manager

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