## L15000057202

(Requestor's Name)						
(Address)						
•	(Address)					
· · · · · · · · · · · · · · · · · · ·						
(Address)						
(Cit	ty/State/Zip/Phone	#)				
•	•	,				
PICK-UP	☐ WAIT	MAIL				
		L				
(Bu	isiness Entity Nam	e)				
	ocument Number)					
(DC	cument Number)					
Certified Copies	_ Certificates	of Status				
Special Instructions to	Filing Officer:					

Office Use Only



700271726037

04/20/15--01006--014 \*\*25.00

15 APR 20 PH 4:01

M. MILLIGAN EXAMINER

MAY - 1 2015

## **COVER LETTER**

TO:

CR2E079 (2/14)

TO: F	Regis	tration Section						
Γ	Divis	ion of Corporations						
SUBJE	CT:	SR Air Logistics LLC						
oc both.	011	(Name of Limited Liability Company)						
The encl	losed	member, resignation or disso	ciatio	n and fee	(s) are submitted for filing.			
Please re	eturn	all correspondence concernin	g this	matter to	:			
Sam R	odrig	guez						
		(Contact Person)						
SR Air	Logi	stics						
		(Firm/Company)						
2340 N	I.W.	189 Avenue						
		(Address)			_			
Pembro	oke I	Pines, Florida 33029						
		(City/State and Zip Code)			<del></del>			
For furth	ner ir	formation concerning this ma	atter, p	lease call	:			
Sam R	odrig	juez	at	954	668-8256			
	(N	ame of Contact Person)			le & Daytime Telephone Number)			
Enclosed \$25 F	•	ase find a check made payable Fee			Department of State for: ng Fee & Certified Copy			
Registra	tion				MAILING ADDRESS: Registration Section			
Division Clifton I		Corporations ling			Division of Corporations P.O. Box 6327			
2661 Ex	ecuti	ive Center Circle Florida 32301			Tallahassee, Florida 32314			







## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the of State is:	• •	as it appears on the records of the Florida Department
	ument/registration number	r assigned to this limited liability company is:
3. The date this member/manager withdrew/resig 4. I.		
Authorized M	ember, Mgr	, hereby withdraw/resign as a
		the limited liability company has been notified of my
Signature of D	ssociating Member or Res	signing Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	