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TO: Registration Section Division of Corporations	,
SUBJECT: AIR NINJA, LLC (Name of Limit	ited Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
RONALD E. TOLEDO	
(Contact Person)	
(Firm/Company)	
4815 BAYHERON PLACE APT 612	
(Address)	
TAMPA, FL 33616	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
RONALD E TOLEDO	239 687-6717
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ■ \$25 Filing Fee	the Florida Department of State for: \$\square\$\$ \$\square\$\$ \$\square\$\$ \$\square\$\$ 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

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)

		as it appears on the records of the	Florida Depart	ment
of State is: AIR	NINJA, LLC			·
2. The Florida doc	ument/registration number a	assigned to this limited liability c	ompany is:	
L1500008253	3		2018 1.3.1	
3. The date this me	ember/manager withdrew/re	esigned or will withdraw/resign is	7-7-201	
4. I,	TOLEDO	, hereby withdraw/resign a	က္≓ုယ saొ⊝ —	
(Print N	lame of Person Resigning)		OF STA	
MEMBER			₩ 21 DRIG	
	(Print Title)		*	
resignation in wr		the limited liability company has	been notified o	f my
C	V 3			
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			