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COVER LETTER

SORAGCT	Limited Liability Company)
(Name of	Chilinea Clabinty Company)
The enclosed member, resignation or diss	sociation and fee(s) are submitted for filing.
Please return all correspondence concerni	ing this matter to:
Robert Hansen	
(Contact Person)	
(Firm/Company)	
22 Research Way	
(Address)	
East Setauket, New York 11733	
(City/State and Zip Code)	
For further information concerning this m	natter, please call:
	631 332-1142
Robert Hansen	at ()
Robert Hansen (Name of Contact Person)	at () (Area Code & Daytime Telephone Number
(Name of Contact Person) Enclosed please find a check made payab	at ()at () (Area Code & Daytime Telephone Number
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(Name of Contact Person) Enclosed please find a check made payab	at ()at () (Area Code & Daytime Telephone Number
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(Name of Contact Person) Enclosed please find a check made payab \$25 Filing Fee STREET/COURIER ADDRESS: Registration Section Division of Corporations	at () (Area Code & Daytime Telephone Number ble to the Florida Department of State for: \$\square\$ \$55 Filing Fee & Certified Copy MAILING ADDRESS: Registration Section Division of Corporations
(Name of Contact Person) Enclosed please find a check made payab \$25 Filing Fee STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	at () (Area Code & Daytime Telephone Number ble to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
(Name of Contact Person) Enclosed please find a check made payab ■ \$25 Filing Fee	at () (Area Code & Daytime Telephone Number ble to the Florida Department of State for: \$\square\$ \$55 Filing Fee & Certified Copy MAILING ADDRESS: Registration Section Division of Corporations



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 appear	irs on the records of the Flor	ida Depa	ırtment
of State is:	nier Aviation Holdings LLC			·
2. The Florida doc L1500010101	ument/registration number assigned to 4	to this limited liability compa	any is:	
3. The date this me	mber/manager withdrew/resigned or	will withdraw/resign is:	I/17 	
4. I, Robert Hans	en h	erehy withdraw/resion as a		17
(Print N	, h	creey withdrawnesign as a		A D
MANAGER				17 APR 14
-	(Print Title)			T. C.
of this limited lia resignation in wr	bility company and affirm the limiteriting.	d liability company has been	notified	of my
Signature of D	ssociating Member or Resigning Ma	ınager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			