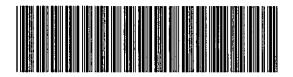
## L15000172559

(Re	equestor's Name)			
(Ad	ldress)	<u></u>		
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## COVER LETTER

**TO:** Registration Section

CR2E079 (2/14)

Divis	sion of Corporations		
SUBJECT:	Group 44 Air Operations, LLC		
SCBGECT.	(Name of Limited	l Liability Com	npany)
The enclosed	I member, resignation or dissociati	on and fee(s	are submitted for filing.
Please return	all correspondence concerning thi	s matter to:	
Russel C. 1	<b>Fullius</b>		
	(Contact Person)		-
Russel C. 1	Tullius, LLC		
	(Firm/Company)		-
3785 Birch	Mountain Road		
	(Address)	·	-
Port Orang	e, Florida 32129		
<del>·</del>	(City/State and Zip Code)		-
For further in	nformation concerning this matter,	please call:	
Russel C. 1		386	290-4554
(N	ame of Contact Person)	\	& Daytime Telephone Number)
Enclosed ple  □ \$25 Filing	ease find a check made payable to t g Fee		epartment of State for: Fee & Certified Copy
STREET/C	OURIER ADDRESS:		MAILING ADDRESS:
Registration			Registration Section
Division of C			Division of Corporations
Clifton Build	_		P.O. Box 6327
	ive Center Circle Florida 32301		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 FI of State is:  Group 44 Air Operations, LLC	orida De	partm	ient
2. The Florida document/registration number assigned to this limited liability con L15000172559	npany is:		
3. The date this member/manager withdrew/resigned or will withdraw/resign is:		1500EC -8 PH 12: 15	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
of this limited liability company and affirm the limited liability company has be resignation in writing.  Robert C Jullius	en notifie	<b>d</b> of ₁	my
Signature of Dissociating Member or Resigning Manager  Filing Fee: \$25.00 (Required)  Certified Copy: \$30.00 (Optional)			