

L160000108390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

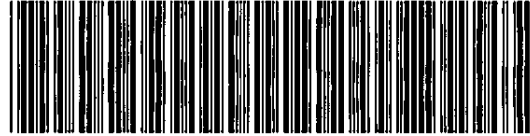
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800289544538

09/15/16--01015--021 \*\*55.00

STATE DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2016 SEP 16 P 2:14

FILED

SEP 19 2016  
D. BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 4 wings Elite Aviation  
(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:

Tabitha Baldwin  
(Contact Person)

4 wings Elite Aviation  
(Firm/Company)

2192 Mincey Terrace  
(Address)

North Port FL 34286  
(City/State and Zip Code)

For further information concerning this matter, please call:

Tabitha Baldwin at (941) 769-1237  
(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

2015 SEP 16 P 2:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



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: 4 wings Elite Aviation

2. The Florida document/registration number assigned to this limited liability company is:  
HL0000108390

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/29/16

4. I, Renee A Gross, hereby withdraw/resign as a  
(Print Name of Person Resigning)

COO  
(Print Title)

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

Renee A Gross  
Signature of Dissociating Member or Resigning Manager

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

FILED  
2016 SEP 16 P 2:14  
TALLAHASSEE, FLORIDA