# L17000004146

| (Requestor's Name)                      |  |  |  |  |
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| (Address)                               |  |  |  |  |
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| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
|   |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
|   |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Business Entry Name)                   |  |  |  |  |
|   |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| •                                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |
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Office Use Only



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#### **COVER LETTER**

| Division of Corporations                                     |   |
|--|---|
| SUBJECT: Aero Sta (Name of Limit                             | nds, LLC<br>ted Liability Company)  |
| The enclosed member, resignation or dissocia                 | ation and fee(s) are submitted for filing.  |
| Please return all correspondence concerning                  | his matter to:  |
| Ernesto Lara (Contact Person)                                |   |
| (Contact Person)   |   |
| (Firm/Company)   |   |
| PO Box 942152<br>(Address)                                   |   |
|  | <del></del>   |
| Miami, FL 33194<br>(City/State and Zip Code)                 |   |
| For further information concerning this matte                |   |
| Ernesto Lara   | at (786) 201-0038   |
| (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 |
| STREET/COURIER ADDRESS:                                      | MAILING ADDRESS:  |
| Registration Section Division of Corporations                | Registration Section Division of Corporations   |
| Division of Corborations                                     | Division of Corporations  |

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 7, 2017

ERNESTO LARA PO BOX 942152 MIAMI, FL 33194

SUBJECT: AERO STANDS, LLC Ref. Number: L17000004146

We have received your document for AERO STANDS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please enter a date that the member/manager withdrew/resigned or will withdraw/resign in number 3 of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 217A00004305

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#### 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:                             | Aero star                                | nds, LLC                           |                         |
| 2. The Florida doc                       | ument/registration number                | r assigned to this limited liabili | ty company is:          |
| <u> L17000</u>                           | 0004146                                  | <del>.</del>                       |                         |
| 3. The date this me                      | ember/manager withdrew/                  | resigned or will withdraw/resig    | gn is: 3/3/17           |
| 4. I, Ernes                              | <del>_</del> 1000                        | , hereby withdraw/resig            |                         |
| _ Man                                    | (Print Title)                            | <u>.</u>                           |                         |
| of this limited lia<br>resignation in wr |  | n the limited liability company l  | has been notified of my |
| E A                                      |  | <del></del> -                      | TO HAR 24               |
| Signature of D                           | issociating Member or Re                 | signing Manager                    | ANCY OF PM              |
| Filing Fee:<br>Certified Copy:           | \$25.00 (Required)<br>\$30.00 (Optional) |                                    | STAIL STAIL             |