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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Acro International Brokers LLC (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:
Vincent Polden (Contact Person)
Acro International Brokers LLC (Firm/Company)
<u>U300 Hudso Rd.</u> (Address)
COCOR FL 30907 (City/State and Zip Code)
For further information concerning this matter, please call:
Vincent Polden at (707) 400-6009 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sqrt{2}\$ \$25 Filing Fee \$\sqrt{2}\$ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPAÑY

(Pursuant to 605.0216, Florida Statutes)

2.2

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: Aero International Brokers LLC.
2. The Florida document/registration number assigned to this limited liability company is:
L 17000063551
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/31/18
4. I. Vincent Polden, hereby withdraw/resign as a (Print Name of Person Resigning)
(Print Title)
(rrini Tille)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
ilment Polace
Signature of Dissociating Member or Resigning Manager

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)