## L17000131525

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
·П
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
· <del></del>
Special Instructions to Filing Officer:
, ·

Office Use Only



200313389302

05/24/18--01017--020 \*\*55.00

2010 HAY 24 PK 4: 31

B FIGUEROA MAY 25 2018

## **COVER LETTER**

Division of Corporations
SUBJECT: Soko Aviation Business Group LA (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:
Eliza Carvalho (Contact Person)
Capital Services Group. Inc
446 WHillston Blud (Address)
Deerfield Beach FL 33441 (City/State and Zip Code)
For further information concerning this matter, please call:
Eliza Carvalho at (954) 42 f - 4 f f o (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\sim \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$
STREET/COURIER ADDRESS: Registration Section Division of Corporations  MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Registration Section



## 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: SC	ko Aviation Business Group LLC.	
2. The Florida docu	ment/registration number assigned to this limited liability company is:	
<u>L17000</u>	0138525	
3. The date this mer	nber/manager withdrew/resigned or will withdraw/resign is:	
4.1, <u>107 MAR</u> 1	when of Person Resigning), hereby withdraw/resign as a	
AMBR	Print Title)	
of this limited liab resignation in wri	ility company and affirm the limited liability company has been notified of my ting.	
11 290	PARTINEZ	
Signature of Dis	sociating Member or Resigning Manager	
•	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	