

L17000 232 800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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JUN - 9 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aerial Drone Works LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L17000232800

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stanley W. Urquhart

Name of Person

Aerial Drone Works LLC

Name of Firm/Company

12091 McGregor Blvd., Suite 20-130

Address

Ft. Myers, FL 33919

City/State and Zip Code

Stan@adw-usa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stanley W. Urquhart at (336) 822-4098
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Brett A. Bleiweiss _____, hereby resigns as

Name of Registered Agent

Registered Agent for Aerial Drone Works

Name of Limited Liability Company

L17000232800

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Brett A. Bleiweiss 12/31/19
Signature of Resigning Agent

If signing on behalf of an entity:

Brett A. Bleiweiss

Typed or Printed Name

Registered Agent / Member

Capacity

2019 DEC 31 PM 2:02

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314