1180000 96836

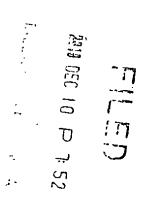
(Requ	uestor's Name)	
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ibbA)	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
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(Doce	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	
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Office Use Only



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12/10/18--01024--02i ++\$5.00



D. SCOTT DEC 1 4 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PONIC AIR SUPPLY 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:
Derek Davis (Contact Person)
Public Air Supply LLC (Firm/Company)
308 Commerce Court
Winter Howen FL 33880 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (863) (08-999) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\Begin{align*} \text{\$\text{\$\text{\$55}} \text{Filing Fee} & Certified Copy} \end{align*}
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

CR2E079 (2/14)



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)

	OBLIC AIR SUPPLY LLC.	
F180000	ent/registration number assigned to this limited liability company is:	
4.1. Michael (Prins Name	A Richardson, hereby withdraw/resign as a rof Person Resigning) Tule	
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Signature of Dissociating Member or Resigning Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	

CR2E079 (2/14)