L18000179251

(F	Requestor's Name)
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PICK-UP	WAIT MAIL
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(0	Document Number)
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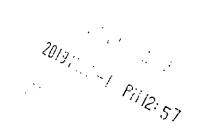
TO: Registration Section Division of Corporations		
SUBJECT: Leon Flight Academy LLC		
(Name of Limited Liability Company)		
The enclosed member, resignation or dissociation and fee(s) are submitted for Elin	ıg.	
Please return all correspondence concerning this matter to:		
Jaret Enriquez (Contact Person)		
Self		
(Firm/Company)		
12240 NW > Prnil (Address)		
(Address)		
Minni, fl 33182		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Janet Enviguer at (786) 5/0 - 2827 (Name of Contact Person) (Area Code & Daytime Telephone N		
(Name of Contact Person) (Area Code & Daytime Telephone N	umber)	
Enclosed please find a check made payable to the Florida Department of State for: \$\sum_{\text{\$\subset}}\$\$\$ \$25 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS: MAILING ADDRES	S:	

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

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





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)

	e limited liability company as it appears on the records of the Florida Department
2. The Florida do	cument/registration number assigned to this limited liability company is: 99251
4.1, Christo	nember/manager withdrew/resigned or will withdraw/resign is: 4/26/19 pher Person Resigning), hereby withdraw/resign as a
	(Print Title)
of this limited l resignation in v	iability company and affirm the limited liability company has been notified of my vriting.
Signature of	Dissociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)