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COVER LETTER

Division of Corporations Patch Aero LLC SUBJECT: (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: Benjamin Samples and Casey S Rice (Contact Person) Patch Aero LLC (Firm/Company) 604 Banyan Trail No. 810891 (Address) Boca Raton, FL 33481 (City/State and Zip Code) For further information concerning this matter, please call: at (_____)

(Area Code & Daytime Telephone Number) Casey S Rice (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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:	Patch Acro LLC	·
2. The Florida doct	ument/registration number as	signed to this limited liability company is:
	L20000046565	
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is:20 SEP 2021
4. I,	Richard B. Bonnell	, hereby withdraw/resign as a
(Print N	ame of Person Resigning)	
Authoriz	zed Member (AMBR)	
	(Print Title)	
resignation in wr		e limited liability company has been notified of my ning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	