(Req	uestor's Name)		
(Add	lress)		
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(City	/State/Zip/Phone	∋ #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Doc	cument Number)		
Certified Copies	Certificates	s of Status	
Special Instructions to F	Filing Officer:		
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## **COVER LETTER**

TO: Registration Section Division of Corporations AIR TEC SYSTEMS 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: DEBBIE ESPADA (Contact Person) AIR TEC SYSTEMS LLC (Firm/Company) 3826 SOUHPOINTE DR (Address) ORLANDO, FL 32822 (City/State and Zip Code) For further information concerning this matter, please call: DEBBIE ESPADA 984-9985 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: **\$25** Filing Fee ☐ \$55 Filing Fee & Certified Copy 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

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)

	limited liability company a	ns it appears on the records of the Flor	rida Department
2. The Florida doc 1.20000094308	ument/registration number a	assigned to this limited liability compa	any is:
FSTERAN CON	YALEZ	esigned or will withdraw/resign is: 05/	03/2023
		the limited liability company has been	i notified of my
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	gning Manager	2023 MAY

CR2E079 (2/14)

2023 MAY 12 PH 12:01

SECRETARY OF STATE