L20000173901

(Re	questor's Name)			
(Address)				
(Address)				
	y/State/Zip/Phone	#1		
(Oit	y/State/Zip/Pilone	")		
D BICKTIB	☐ WAIT	MAIL		
(Bu	siness Entity Nam	e)		
(Do	cument Number)			
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Q. SILAS				
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2022 HAR -8 AM 8: 54 SECRETARY OF STATE

COVER LETTER

TO:	_	stration Section ion of Corporations			
SUBJE	ECT:	Military Trail Airport Transportation,	LLC		
		(Name of Limited Liability Company)			
The en	closed	I member, resignation or dissocia	ation and fee(s) are submitted for filing.	
Please	return	all correspondence concerning t	this matter to:		
Adam M	4ayer				
		(Contact Person)	· · · · · · · · · · · · · · · · · · ·		
Military	Trail 2	Airport Transportation, LLC			
		(Firm/Company)		_	
13860 V	Velling	ton Trace, Ste#38, Box#287			
		(Address)		_	
Welling	ton, FI	, 33414			
	•	(City/State and Zip Code)		_	
For fur	ther in	nformation concerning this matte	er, please call:	:	
Benjam	in Enay	ve	203 at (650 8831	
	(N	ame of Contact Person)		e & Daytime Telephone Number)	
Enclos	•	ease find a check made payable to g Fee		Department of State for: g Fee & Certified Copy	
	Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	



FILED

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SECRETARY OF STATE TALLAHASSEE, FL

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 ary Trail Airport Transportation,	as it appears on the records of the Florida Department
2. The Florida doc	ument/registration number	assigned to this limited liability company is:
L20000173801		
3. The date this me	ember/manager withdrew/re	esigned or will withdraw/resign is:
4. I, Nick Ambrosecchio (Print Name of Person Resigning)		, hereby withdraw/resign as a
(Print)	Name of Person Resigning)	
Manager		
	(Print Title)	
of this limited lia	ability company and affirm	the limited liability company has been notified of my
resignation in w	citing.	
Nieu-H	MEROSCICHIO	
Signature of D	issociating Member or Res	igning Manager
Filing Fee:	\$25.00 (Required)	
•	\$30.00 (Ontional)	