

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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1 Mils		
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05/13/24--01018--006 **25.00





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:	lilitary Trail Airport Transportation, LL
2. The Florida doc	ument/registration number assigned to this limited liability company is:
L200	00173801
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: May 1, 2024
4.1. Benj	amin to ale hereby withdraw/resign as a same of Person Resigning)
Mar	bility company and affirm the limited liability company has been notified of my
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
4	issociating Member or Resigning Manager
Signature of Di	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)

COVER LETTER

Division of Corporations	
SUBJECT: Military Trail / (Name of Limited Liability C	irport Transportation, LLC
The enclosed member, resignation or dissociation and fee	e(s) are submitted for filing.
Please return all correspondence concerning this matter to	
Military Trail Airport- (Firm/Company) 300 NE 20th Strain (Address)	transportation, LLC
300 NEZOth Strue	EAPt 412
Boca Ruton FL 33 (City/State and Zip Code)	SECULATION FILE SAID 431
For further information concerning this matter, please cal	l: 3 03
A Dam Mayer at 94 (Name of Contact Person) (Area Co-	1 929-59-61 de & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida	Department of State for: ng Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section