L20 000 384 347

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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COVER LETTER

•••	ration Section on of Corporations			
SUBJECT:	Aerotronics Aerospace Enginee	ring		
(Name of Limited Liability Company)				
The enclosed	member, resignation or dis	ssociation and fee(s	s) are submitted for filing.	
Please return a	all correspondence concern	ning this matter to:		
Yordano Nicle				
	(Contact Person)		_	
Aerotroneis Aero	ospace Engineering			
	(Firm/Company)		_	
7252 NW 25th S	т			
	(Address)		_	
Miami FL, 3312	2			
	(City/State and Zip Code)		_	
For further inf	ormation concerning this	matter, please call:		
Yordano Nicle		305	204-8279	
(Na	me of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed pleased \$25 Filing	se find a check made paya Fee		Department of State for: g Fee & Certified Copy	
Registi Divisio P.O. B	Address: ration Section on of Corporations ox 6327 assee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303	



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)

	he limited liability company as it EROTRONICS AEROSPACE ENGINE	appears on the records of the Florida D)epartm	nent
2. The Florida do L20000384347	ocument/registration number assig	gned to this limited liability company is	s :	
3. The date this	nember/manager withdrew/resign	ned or will withdraw/resign is: 8/13/2022	!	_
Edone Senings				
Authorized Me				
of this limited resignation in		imited liability company has been notif	fied of i	my
Gh	Som			
Signature of	Dissociating Member or Resignir	ng Manager	1	,
Filing Fee:	\$25.00 (Required)			9

Certified Copy:

\$30.00 (Optional)