L21000284324

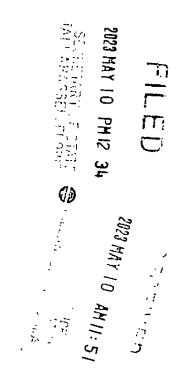
		_
	(Requestor's Name)	
	(Address)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL MAIL
	(Business Entity Name)	
	(Dusiness Entity Name)	
	(Document Number)	***
Certified Copies	Certificates of St	tatus
Special Instructions to	Filing Officer:	
		•

Office Use Only



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LLC RA resegnation



A. RAMSEY MAY 1 1 2023 CORPORATION SERVICE COMPANY

1201 Hays Street
Tallhassee, FL 32

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195						
REFERENCE : 719088 8941A						
AUTHORIZATION: Carello de man						
COST LIMIT : \$ 85.00						
ORDER DATE: May 3, 2023						
ORDER TIME: 8:29 AM						
ORDER NO. : 719088-005						
CUSTOMER NO: 8941A						
RESIGNATION OF AGENT						
NAME: ADVENTURE GUY AVIATION, LLC						
XX RESIGNATION OF AGENT						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING						
CONTACT PERSON: Unassigned-EXT#						
EXAMINER'S INITIALS:						

COVER LETTER

SUBJECT: Name	of Limited Liability Company	
DOCUMENT NUMBER: L21000284324		
The enclosed Resignation of Registered A for filing.	Agent for a Limited Liability Company and fee are sub	nitted
Please return all correspondence concerni	ng this matter to the following:	
RESIGNATIONS DEPARTMENT		
Name of Person		
CORPORATION SERVICE COMPANY		
Name of Firm/Company		
251 LITTLE FALLS DRIVE		
Address		
WILMINGTON, DE 19808		
City/State and Zip Code		
ANNUALREPORTS@CSCGLOBAL.COM		
E-mail address: (to be used for future annua	report notification)	
For further information concerning this m	atter, please call:	
RESIGNATION DEPT	800 927-9801 at ()	
Name of Person	Area Code Daytime Telephone Number	

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115, Florida S	Statutes, the under	rsigned.	
CORPORATION SERVI	CE COMPANY		, hereby resigns as	NO THE PARTY OF TH
Name of Registered Agent			; nereby resigns as	一題之「
Registered Agent for A	dventure Guy Aviation, LLC			100 P
				700
	Name of Limited Liability	y Company		4
L21000284324				•
Document No	imber, if known			
A copy of this resignation	on was mailed to the above listed	d limited liability	company at its last kr	own address.
The agency is terminate	d and the office discontinued on	the 31st day after	r the date on which th	is statement is filed.
	alixas Wall	and-Brenson, A	hp	
	Signature o	of Resigning Agent		
If signing on behalf of a	in entity:			
	BY ALEXXIS WEILAND-SOR	ENSON		
	Typed or Print	ted Name		
	ASSISTANT VICE PRESIDENT	Т		
	Capacity			

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314