121000368394

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COVER LETTER

TO: 'Registration Section Division of Corporations Black Sheep Aviation 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: Chad A Del Rossa (Contact Person) Black Sheep Aviation 44 C (Firm/Company) 409 SW Ashby Ln (Address) Palm City, FL 34990 (City/State and Zip Code) For further information concerning this matter, please call: Chad Del Rossa (Name of Contact Person) (Area Code & Daytime Telephone Number) 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

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

P.O. Box 6327

Tallahassee, FL 32314



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	s it appears on the records of the I	Florida Department
of State is: Black	Sheep Aviation		<u></u> .
2. The Florida doc	ument/registration number as	ssigned to this limited liability co	ompany is:
1.21000368394			
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is:	30 DEC 21
4. 1, Rure Towes , hereby withdraw/resign as a (Print Name of Person Resigning)			
(Print N	ame of Person Resigning)	,	
Mgr			
	(Print Title)		
of this limited lia resignation in wr	· ·	he limited liability company has b	been notified of my
<1			3 2
Signature of D	issociating Member of Resig	gning Manager	2022 FEB - 1
•	.* ,		6
	\$25:00 (Required)		-
Certified Copy:	\$30.00 (Optional)		