

L21000373257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

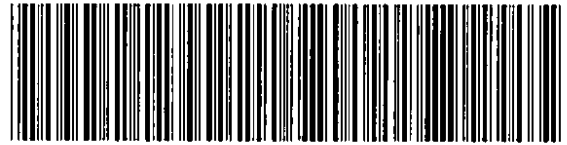
Certificates of Status _____

Special Instructions to Filing Officer:

J DENNIS

SEP 19 2023

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2023 AUG 17 PM 1:17

SECRETARY OF STATE
DIVISION OF CORPORATIONS



In The Chase Bank Building at
505 Brevard Avenue, Suite 104
Cocoa, FL 32922

Fred M. Romano
Direct Dial: 321-223-6215
fromano@acceliplaw.com

TO: Registration Section
Division of Corporations
Florida Department of State

SUBJECT: Overwatch Aerospace LLC

The enclosed member resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:

Fred Romano
Accel IP Law, PLLC
505 Brevard Avenue
Suite 104
Cocoa, FL 32922

For further information concerning this matter, please call:
Fred Romano at (321) 223-6215.

Enclosed please find a check made payable to the Florida Department of State for the
\$25 Filing Fee

Sincerely yours,

A handwritten signature in black ink, appearing to read "Fred Romano", written in a cursive style.

Fred M. Romano

FMR/rg



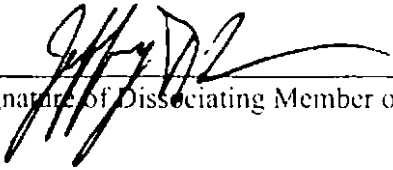
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**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: OVERWATCH AEROSPACE LLC
2. The Florida document/registration number assigned to this limited liability company is:
L21000373257
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 25 MAY 2023
4. I, JEFFREY HILL, hereby withdraw/resign as a
(Print Name of Person Resigning)
MANAGER
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA