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Please call Tina at	t the above number for	any issues or concerns. Thank you so much!	

COVER LETTER

SUBJECT:

Name of Limited Liability Company

DOCUMENT NUMBER:

L22000295438

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Devora Nealy

Name of Person

Smith, Gambrell & Russell, LLP

Name of Firm/Company

1105 W. Peachtree Street NE, Suite 10000

Address

Atlanta, GA 30309

Name of Person at (404) 815-3500 | Name of Person Area Code Daytime Telephone Number

City/State and Zip Code

For further information concerning this matter, please call:

E-mail address: (to be used for future annual report notification)

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Street Address:

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

dnealy@sgrlaw.com

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the	undersigned.			
Smith, Gambrell & Russell, LLP Name of Registered Agent		, hereby resigns as			
Extra Aircraft (USA) Ma	inagement LLC				
	Name of Limited Liability Company				
L22000295438					
Document N	umber, if known				
	on was mailed to the above listed limited lial ed and the office discontinued on the 31st day	y after the date on which			
	Signature of Resigning A	gent	⋝ .	26	
If signing on behalf of a	an entity:		LLÄ Ä	2024 JAN 31	
	Han-Michael Kraus		=- 	₹	,
	Typed or Printed Name		SS.		,
	Authorized Person		<u> </u>	-	
	Capacity		TÄLLÄHÄSSEE, FLORIDA	AM 10: 06	

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

FILING FEES:

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company