

L22 000295438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

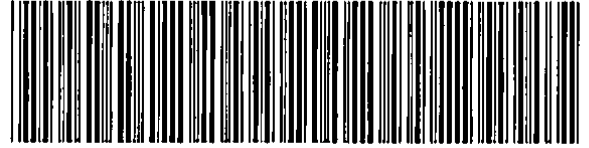
(Business Entity Name)

(Document Number)

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2024 JUL 30 PM 9:26

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EXTRA AIRCRAFT (USA) MANAGEMENT LLC

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:

Jordan Ashley

Name of Person

Extra Aircraft USA

Name of Firm/Company

1140A Flightline Blvd

Address

DeLand, Florida 32724

City/State and Zip Code

m.extra@extraaircraft.com

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

For further information concerning this matter, please call:

Duncan Kuerbel

Jordan Ashley

Name of Person

at (

720

765

Area Code

2508442

618

3723

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Street Address:

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

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Duncan B. Koerbel

, hereby resigns as

Name of Registered Agent

Registered Agent for Extra Aircraft (USA) Management LLC

Name of Limited Liability Company

L22000295438

Document Number, if known

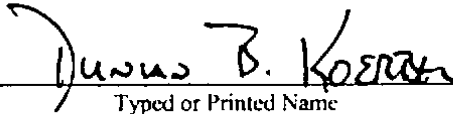
A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:



Typed or Printed Name



Capacity

2024 JUL 30 AM 9:24

FILED

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