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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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COVER LETTER

Division of Corporations
SUBJECT: M&S AIR Vo Neurs LC (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:
Wayne Moonylan (Contact Person)
m&S Air Ventures LLC (Firm/Company)
6012 EAGLe Lextch Court
NORTH Cat Myers fl 33917 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (239) 872-4560 (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: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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 it appears on the records of the Florida Department
of State is:	n&S AIR Vontures LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L2200	2503804
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 3 -1- 2024
4. I. John (Print N	Startory, hereby withdraw/resign as a fame of Person Resigning)
	Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
	oh fafar
Signature of ∜	issociating Member of Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)
ceranca copy.	5.70.00 (Optional)