L24000309686

(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 Filling Officer	
J. HORNE AUG Z Z 2024	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Foriola Flyers Aviation CLC (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: Contact Person		
Frida Flyers Aviation LLC (Firm/Company)		
1327 Lake Boston Drive		
(Address) Doltona Florida 32725 (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Contact Person) at (863) 409-5953 (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: \$\times \times \t		

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



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



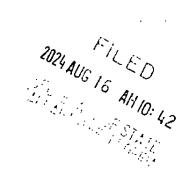
DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(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: Florida Flyers Aviation LLC		
2. The Florida document/registration number assigned to this limited liability company is:		
C24000309686		
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 813/24		
4. I. Mairi Clo Reale, hereby withdraw/resign as a (Print Name of Person Resigning)		
Authorized member. (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 Manag (ncluded you will find		
the same formed signer		
Signature of Dissociating Member or Resigning Manag Included you will find the Same formed Signed Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional) In front of a notary.		
If not needed, please		
feel free to diseard.		
CR2E079 (2/14) Thanh you.		



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



have Document

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(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as	s it appears on the records of the Florida Department
of State is: Florida Flyers A	iviation LLC
2. The Florida document/registration number as	ssigned to this limited liability company is:
L24000309686	·
3. The date this member/manager withdrew/res	signed or will withdraw/resign is: 8 13 24
4.1. Maio (Print Name of Person Resigning)	, hereby withdraw/resign as a
Authorized Member (Print Title)	
of this limited liability company and affirm the resignation in writing.	ne limited liability company has been notified of my
Signature of Dissociating Member or Resignature	gning Manager
Filing Fee: \$25.00 (Required)	
Certified Copy: \$30.00 (Optional)	On this 13th day of August 2024 Mauricia C Reale
	2024 Mauricio C Reale

(sme in to Notarized.

State & Florida

CR2E079 (2/14)