

L86416

(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:

Office Use Only



500420587635

*Resignation of
officer*

12/19/23--01013--010 **35.00

FILED
2023 DEC 19 PM 12 51

A. RAMSEY

JAN 23 2024

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RHODES AVIATION, INC.

(Name of Corporation)

DOCUMENT NUMBER: L86416

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

ADRIAN SULLIVAN

(Name of Person)

(Name of Firm/Company)

16924 CORNERWOOD DR

(Address)

ORLANDO, FL 32820

(City/State and Zip Code)

For further information concerning this matter, please call:

ADRIAN SULLIVAN at (321 332-2779)

(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
2023 DEC 19 PM 12 57
TALLAHASSEE, FLORIDA
CLERK OF THE STATE

I, ADRIAN SULLIVAN, hereby resign as TREASURER
(Title)

of RHODES AVIATION, INC.
(Name of Corporation)

L86416, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314