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SECRETARY OF STATE
TALLAHASSEE, FI ORION

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T. CLINE
APR 2 4 2008
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Intepid Aviation Partners Group LLC (Name of Foreign Limited Liability Company)
Dear Sir or Madam:
The enclosed withdrawal and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Inteprid Aviation (Firm/Company)
Germantown TN 38138 (City/State and Zip Code) For further information concerning this matter, please call: (Appendix Selbergy 901 750-0060 FF
James Selberg at 901 750-0060 TTS A (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$25 Filing Fee \$25 Filing Fee & Status \$55 Filing Fee & Sertificate of Status \$25 Filing Fee & Certificate of Status & Certified Copy Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

Integral Aviation Partners Group, LLC	
(Name of limited liability company) $\mathcal{D} \approx 100000000000000000000000000000000000$	65
<u>Delaware</u>	
(Jurisdiction of its organization)	
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.	
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.	
3024 Centre Oak Way (Mailing address)	
Germantown, TN 38138 (City/State/Zip)	
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address. (Signature of member or authorized representative of a member) SECRETARY OF STATE AND SECRETARY OF STATE ORIDA Table	

Filing Fee: \$25.00