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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO:		tion Section of Corporations	· .							
SUBJI	ECT:	Intrepid	Avias	Hon	Pari	her.	<b>5</b>	VII,	LLC	
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Dear S	ir or Mada	m:								
The en	closed wit	hdrawal and fee(s) a	re submitt	ed for fili	ng.					
Please	return all o	correspondence con	cerning this	s matter t	o the fol	lowing:				
<del> </del>	Jim	Selberg (Name of P	'erson)							
		epid Avia								
		(Firm/Com	pany)							
	3106	Professi (Address)	ional	PA	aza					
		(Address)								
(	Serv	nantown,	770	3	8130	P				
		(City/State	and Zip Coo	le)						
For fur	ther inforn	nation concerning th	is matter, p	please cal	11:					
<del> </del>	Jim	Selberg (Name of Person)		at	90	l Jada & F	75	Talambar	060	
		(Name of Ferson)			(Alca C	ode & L	Jaymin	retephor	ie Number)	
	Registrate Division Clifton E 2661 Exc	T/COURIER ADD tion Section of Corporations Building ecutive Center Circl see, Florida 32301			] ] ]	Registra Division P.O. Bo	ation S n of Co ox 6327	rporation	ns	
Enclose	ed is a che	ck for the followin	g amount:							
\$25	Filing Fee	\$30 Filing I Certificate			Filing Feified Cop		Ce	0 Filing I rtificate or rtified Co	of Status &	

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

Intepid	Aviation	Partners	VII, LLC			
(Name of limited liability company)						
Delaware						
	(Juris	sdiction of its organizatio	on)			

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.

5399 Eas	+ Highway (Mailing address)	30-A, PMB	<u></u> \$44
Seagrove	Beach, FL (City/State/Zip)	33459	

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

(Signature of member of authorized representative of a member)

(Typed or printed name of signee)

, Ca

EUP

Filing Fee: \$25.00