

M02000000815

2004 JUN 15 P 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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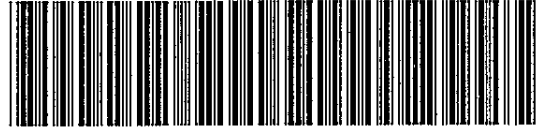
(Business Entity Name)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

FILED

SUBJECT: OSPREY AVIATION, LLC
(Name of Limited Liability Company)

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FLORIDA REGISTRATION NUMBER: M02000000815

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed **withdrawal application** and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LOUIS M. MEINERS, JR.
(Name of Person)

ADVOCATE CONSULTING
(Firm/Company)

9229 DELEGATES ROW, SUITE 245
(Address)

INDIANAPOLIS, IN 46240
(City/State and Zip Code)

For further information concerning this matter, please call:

YOLANDA ROBINSON at 317-581-4077
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

FILED

OSPREY AVIATION, LLC
(Name of limited liability company)

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INDIANA
(Jurisdiction of its organization)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

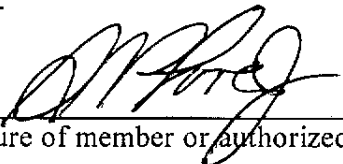
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

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.

9387 OCEAN HIGHWAY, P.O. BOX 3163
(Mailing address)

PAWLEYS ISLAND, SC 29585-3163
(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)

DICK LOVE, AUTHORIZED REPRESENTATIVE
(Typed or printed name of signee)

Filing Fee: \$25.00