

M03000001128

(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



900158586179

07/29/09--01013--001 **60.00

FILED

09 AUG -6 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Handwritten signature)

S. HAWKES

JUL 30 2009

EXAMINER

S. HAWKES

JUL 30 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 30, 2009

JEFFREY A SCHNIEDER
10570 S FEDERAL HIGHWAY SUITE 203
PORT ST. LUCIE, FL 34952

SUBJECT: THE AIR AMBULANCE GROUP, LLC
Ref. Number: M03000001128

We have received your document for THE AIR AMBULANCE GROUP, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 309A00026167

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE AIR AMBULANCE 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:

JEFFREY A. SCHNEIDER, EA
(Name of Person)

SFS TAX & ACCOUNTING SERVICES
(Firm/Company)

10570 S. FEDERAL HIGHWAY, SUITE 203
(Address)

PORT ST. LUCIE, FL 34952
(City/State and Zip Code)

For further information concerning this matter, please call:

JEFFREY A. SCHNEIDER at (772) 337-1040
(Name of Person) (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
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☒ \$60 Filing Fee, Certificate of Status & Certified Copy

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

THE AIR AMBULANCE GROUP, LLC

(Name of limited liability company)

DELAWARE

(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.

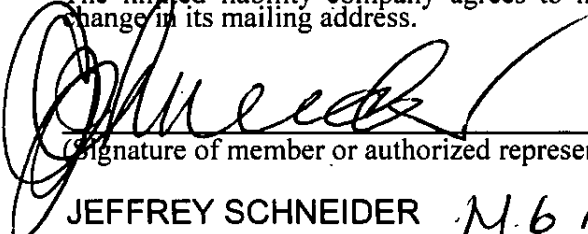
1402 ROYAL PALM BEACH BLVD 700-110

(Mailing address)

ROYAL PALM BEACH, FL 33411

(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)

JEFFREY SCHNEIDER

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED
09 AUG -6 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA