

# NO5000002396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

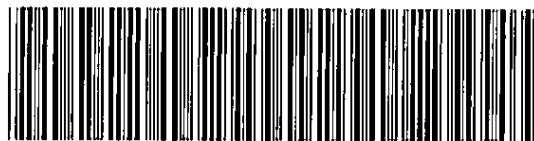
(Business Entity Name)

(Document Number)

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OFFICE OF STATE  
TALLAHASSEE, FLORIDA

JUN 0 2021

6ORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 848497 7647767

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : June 8, 2021

ORDER TIME : 3:0 PM

ORDER NO. : 848497-015

CUSTOMER NO: 7647767

FOREIGN FILINGS

NAME: PIEDMONT HAWTHORNE AVIATION,  
LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland - EXT#

EXAMINER: \_\_\_\_\_

**TO:** Registration Section  
Division of Corporations

Dear Sir or Madam:

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

Christine Mercadante at (407) 810-6011  
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Landmark Aviation Miami, LLC

\_\_\_\_\_  
(Name of limited liability company)

Delaware

\_\_\_\_\_  
(Jurisdiction of its organization)

09/09/2019

\_\_\_\_\_  
(Date registered with Florida Department of State)

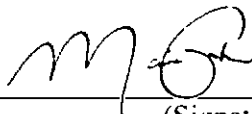
M05000002396

\_\_\_\_\_  
(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



\_\_\_\_\_  
(Signature of authorized representative)

Maria L. Garton

\_\_\_\_\_  
(Typed or printed name of signee)

**Filing Fee: \$25.00**