

Division of Corporations

ADVOCATE CONSULTING Fax: (239) 213-0698

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M05-00004808

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : ADVOCATE CONSULTING LEGAL GROUP, PLLC
Account Number : I20090000001
Phone : (239) 213-0066
Fax Number : (239) 213-0698

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**LLC DISS/WITH OR REV DISS
IVORY AIR, LLC**

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COVER LETTER

(H10000029034 3

TO: Registration Section
Division of Corporations

SUBJECT: Ivory Air, 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:

Brigette Harms

(Name of Person)

Advocate Consulting Legal Group, PLLC

(Firm/Company)

3073 Horseshoe Drive South, Suite 210

(Address)

Naples, FL 34104

(City/State and Zip Code)

For further information concerning this matter, please call:

Brigette Harms

(Name of Person)

at (239) 213-0066

(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

H10000029034 3

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

Ivory Air, 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.

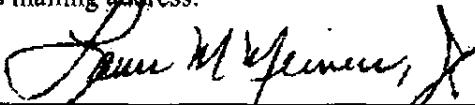
P.O. Box 10570

(Mailing address)

Tallahassee, FL 32302

(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)

Louis M. Meiners, Jr.

(Typed or printed name of signee)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00