Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850) 61.7-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number: I20020000094

Phone : (770)777-2091

Fax Number

: (770)220-1943

LLC DISS/WITH OR REV DISS

COMMONWEALTH ASSOCIATES AVIATION LLC

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MAY 2 7 2008

EXAMINER

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Corporate Filing Menu

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: COMMONWEALTH ASSOCIATES AVIATION 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:	
Sharon K. Gray	
(Name of Person)	
Triad Professional Services, LLC	
(Firm/Company)	TAS ZIII
2050 Marconi Drive, Suite 150	MIN HAY 23 SECRETAR'S
(Addross)	23 AR SS
Alpharetta, GA 30005	Y OF STATE
(City/State and Zip Code)	TS 60
	22 : 12 : 12 : 12 : 12 : 12 : 12 : 12 :
For further information concerning this matter, please call:	
Sharon K. Gray 31, 770 777-2091	
(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 Ovision of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:	
\$25 Filing Fee & S30 Filing Fee & S55 Filing Fee & S60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy	

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

COMMONWEALTH ASSOCIATES AVIATION 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.
One North Clematis Street, Suite 300
(Mailing address)
West Paim Beach, FL 33401 → ⊷
(City/State/Zip)
City/State/Zip) The limited liability company agrees to notify the Department of State in the future pf any change in its mailing address.
signature of member or authorized representative of a member)
Michael S. Falk
Typed or printed name of signee)

Filing Fee: \$25.00