## MU6000003166

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JUN 1 0 2009

*EXAMINER* 



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TAELAHASSEE. FLORIO

FLORIDA DEPARTMENT OF STATE

Division of Corporations

June 9, 2009

KIMBERLY MORET CSC TALLAHASSEE, FL

SUBJECT: ISLAMORADA AIR, LLC

Ref. Number: M06000003166

Submission date as

We have received your document for ISLAMORADA AIR, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

Please list the address required on the form.

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) 245-6914.

**Buck Kohr** Regulatory Specialist II

Letter Number: 509A00019294



ACCOUNT NO. : 12000000195.

REFERENCE :

029527

AUTHORIZATION

COST LIMIT

ORDER DATE : June 8, 2009

ORDER TIME : 3:18 PM

ORDER NO. : 029527-035

CUSTOMER NO: 5168557

## FOREIGN FILINGS

NAME: ISLAMORADA AIR, LLC

XX \_\_\_ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - EXT# 2949

EXAMINER:

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

Islamorada 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 707 (Mailing address) Freeport, NY 11520 (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)

Josh Goldstein

. . . . .

(Typed or printed name of signee)

Filing Fee: \$25.00