

M1200000 6481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

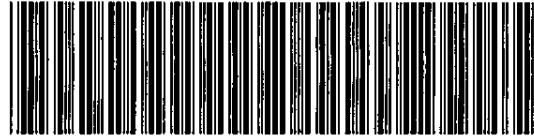
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 10 2016

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHI AEROSPACE FUELS, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M12000006481

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elizabeth A. Straub

Name of Person

National Corporate Research, Ltd., Inc.

Name of Firm/Company

850 New Burton Road, Suite 201

Address

Dover, DE 19904

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Straub

Name of Person

at (866) 621-3524

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

\$85

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

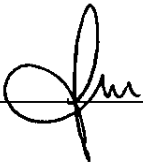
Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,
National Corporate Research, Ltd., Inc. _____, hereby resigns as
Name of Registered Agent

Registered Agent for _____
CHI AEROSPACE FUELS, LLC
Name of Limited Liability Company

M12000006481
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

Florence Spelzhausen
Typed or Printed Name
Assistant Secretary
Capacity

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEES:

| | |
|----------|---|
| \$ 85.00 | Active limited liability company |
| \$ 25.00 | Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company |

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314