MISCCCCCC 229

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COVER LETTER

Division of Corporations	
AerSale 26342 LLC SUBJECT:	
	ted Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning the	his matter to:
Christina Rivera	
(Contact Person)	
(Firm/Company)	
121 Alhambra Plaza, Suite 1700	
(Address)	
Coral Gables, FL 33134	
(City/State and Zip Code)	
For further information concerning this matter	r, please call:
Christina Rivera	305 764-3200 EXT 2283
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ☐ \$25 Filing Fee	the Florida Department of State for: \$\sum \\$55 \text{ Filing Fee & Certified Copy}\$
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as	it appears on the records of t	he Florida Department
2. The Florida doc- M15000000229	ument/registration number as	ssigned to this limited liability	y company is:
3. The date this me	mber/manager withdrew/resi	igned or will withdraw/resign	o4/30/2020
Robyn Mandel (Print λ	lame of Person Resigning)	, hereby withdraw/resign	n as a
Secretary			
	(Print Title)		
of this limited lia resignation in wr	- · · · · · · · · · · · · · · · · · · ·	e limited liability company h	as been notified of my
R	oly Min	2	
Signature of D	ssociating Member or Resign	ning Manager	2021
	\$25.00 (Required) \$30.00 (Optional)		FILE 2020 NOV -3 AM
сепіней Сору:	550.00 (Optional)		3 A 7