

MIS 0000000236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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CLERK OF DISTRICT COURT  
STATE OF FLORIDA

NOV 01 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AerSale 25313 LLC  
\_\_\_\_\_  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this 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, please call:

Christina Rivera at ( 305 ) 764-3200 EXT 2283  
\_\_\_\_\_  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$55 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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: AerSale 25313 LLC

2. The Florida document/registration number assigned to this limited liability company is:  
M15000000236

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04/30/2020

4. I, Robyn Mandel, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Secretary  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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STATE  
SECRET, FL