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COVER LETTER

Division of Corporations AerSale 25260 LLC SUBJECT: (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 (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: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO: Registration Section



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)

	e limited liability company as ale 25260 LLC		s of the Florida Department
	ument/registration number a		bility company is:
3. The date this m	ember/manager withdrew/res	signed or will withdraw/re	04/30/2020
Robyn Mande			
Secretary	(Print Title)		
resignation in w	ability company and affirm the riting.	he limited liability compa	ny has been notified of my
Signature of D	issociating Member or Resig	gning Manager	2 -3
	\$25.00 (Required) \$30.00 (Optional)		ED ED