M15000000263

(Requestor's Name)
(Address)
(Address)
(/ ldd1033)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
.

Office Use Only



900358809229

02/05/21--01020---026 **25.00

2021 FEB -5 AM 7: 19

O SIMMONS MAR 24 2021

.. COVER LETTER

TO:		stration So sion of Co	ection			
CHD IF	CT.	AERSAL	E 26346 LLC			
SUBJE	CI		(Name of Fo	reign Lim	ited Liability	Company)
Dear Sir	r or N	ladam:				
The enc	losed	withdrawa	al and fee(s) are submitte	ed for filin	g.	
Please r	eturn	all corresp	oondence concerning this	matter to	the following	g:
			Christina Rivera			
			(Name of Person)		· - ·	_
			AerSale, Inc.			
-			(Firm/Company)			_
		12	1 Alhambra Plaza, 170	00		
			(Address)			-
		Co	oral Gables, FL 33134	ļ		
			(City/State and Zip Coo	le)		_
For furtl	her in	formation	concerning this matter, p	olease call	:	
Christin	na Ri	vera		at :	305	764-3200
		(Namo	e of Person)			& Daytime Telephone Number)
	Reg Div P.O	ision of . Box 63	Section Corporations			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclose	ed is a	check fo	r the following amount:			
\$25 1	Filing	Fee [□ \$30 Filing Fee & Certificate of Status		Filing Fee & iffied Copy	 \$60 Filing Fee, Certificate of Status & Certified Copy

2021 FEB -5 AM 7: 19

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

AERSALE 26346 LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
1/09/2015
(Date registered with Florida Department of State)
M15000000263
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state. Effective Date, if other than the date of filing:
(Typed or printed name of signee)

Filing Fee: \$25.00