

(Req	uestor's Name)			
(Addi	ress)			
(Add	ress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Doo	ument Number			
JOCI	umem Number,)		
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				

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0CT 1 7 2016 S. YOUNG

COVER LETTER

TO: Registra Division	ation Section n of Corporations	
SUBJECT:	AVIATION ENVI	RONMENTAL, LLC
	Name of Limite	d Liability Company
DOCUMENT	NUMBER: M15000003955	
The enclosed R for filing.	Resignation of Registered Agent for	a Limited Liability Company and fee are submitted
Please return al	ll correspondence concerning this n	natter to the following:
Rhonda Peir	CE Name of Person	
Capitol Corp	orate Services, Inc. (Registere Name of Firm/Company	
PO Box 183	1 Address	16 OCT 14
Austin, TX 7	78767 City/State and Zip Code	OCT 14 AH II: 53
	oitolservices.com ess: (to be used for future annual report no	
For further info	ormation concerning this matter, ple	ease call:
Rhonda Peir		800 345-4647 Area Code Daytime Telephone Number
Enclosed is a cliability compa	my or \$25.00 for an administratively	Department of State for \$85.00 for an active limited y dissolved, voluntarily dissolved or withdrawn limited
MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection orporations	STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	section 605.0115, Florida Statutes, the undersigned,	
Capitol Cor	rporate Services, Inc. hereby resigns as	
Name	of Registered Agent	
Registered Agent for		
<u> </u>	Name of the Limited Liability Company	
M1500000	03955	
Document Number,	if known	
A copy of this resignation was	s 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 sta	atement is filed.
	051-	
	Signature of Resigning Agent	. 30
If signing on behalf of an enti	ity:	8 8 E
	Jason Fischer	
 -	Typed or Printed Name	- SET
	Assistant Secretary	P
	Capacity	AHII:
		:53 SATE
	\$85.00 Active limited liability company \$25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company	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