M15000004881

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE 28 1855 7647767
AUTHORIZATION (:
COST LIMIT : \$ 25.00
ODDED DATE Moreh 16 2020
ORDER DATE: March 16, 2020
ORDER TIME : 3:20 PM
ORDER NO. : 231855-015
CUSTOMER NO: 7647767
FOREIGN FILINGS
NAME: ROSS AVIATION, LLC
CORPORATE LIMITED PARTNERSHIP XXX LIMITED LIABILITY COMPANY
XXXX WITHDRAWAL/CANCELLATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF STATUS
CONTACT PERSON: Amanda Robinson - EXT#

EXAMINER:

COVER LETTER

TO:

Registration Section

Division of Corporations SUBJECT: (Name of Foreign Limited Liability Company) Dear Sir or Madam: The enclosed withdrawal and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Person) (Firm/Company) (Address) (City/State and Zip Code) For further information concerning this matter, please call: (Area Code & Daytime Telephone Number) (Name of Person) STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: ☐ \$25 Filing Fee □ \$30 Filing Fee & □ \$55 Filing Fee & □ \$60 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ROSS AVIATION, LLC			
(Name of limited liability company)			
DELAWARE			
(Jurisdiction of its organization)			
6/15/2015	12;	20∤	
(Date registered with Florida Department of State)	<u>*</u>	- 2	11
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(Florida Document Number)		, O.».	, 1]
		:0: 	J
This limited liability company is withdrawing its certificate of authority in this	s state.	90	
	2-	-	
Effective Date, if other than the date of filing:	`	tional	,
(If an effective date is listed, the date must be specific and cannot be prior to c more than 90 days after filing.)	iate of fil	ing or	
Note: If the date inserted in this block does not meet the applicable statutory f	iling regu	nirem	ents
this date will not be listed as the document's effective date on the Department			
atick K. Suh			
(Signature of authorized representative)	 -		
Patrick K. Rinka			
I dutek N. Kilika			
(Typed or printed name of signce)			

Filing Fee: \$25.00