## MISCOCC 9679

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

Office Use Only



500351101005

RECEIVED AUG 3 1 2020

09/01/20--01015--027 \*\*35.00





## **COVER LETTER**

Division of Corporations	
AerSale USA 2 LLC SUBJECT:	
	.imited Liability Company)
The enclosed member, resignation or disse	ociation and fee(s) are submitted for filing.
Please return all correspondence concernie	ng 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 m	atter, please call:
Christina Rivera	305 764-3200 EXT 2283
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payabl	•
☐ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	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)

	limited liability company as	s it appears on the records of the	Florida Departm	ent 
2. The Florida doc:	ument/registration number as	ssigned to this limited liability co	ompany is:	
Dahun Mandal		signed or will withdraw/resign is		_
Secretary	dame of Person Resigning) . (Print Title)	, hereby withdraw/resign a	5 d	
	bility company and affirm th	ne limited liability company has	been notified of r	ny
Role Signature of Di	n Bonds issociating Member or Resig	ming Managar	2020 N	
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	inne manugei	2020 NOV -3 AM 7	
			7: 1 FL	