M1700002091

(Requestor's Name)
(Address)
(Address) -
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
(bootment Number)
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700395059077

LLC Withdrawd



A. RAMSEY DEC - 6 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

$\mathbf{A} = \mathbf{A} = $	ACCOUNT	NO.	:	I20000000195
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AUTHORIZATION :

REFERENCE : 179603 5021613 COST LIMIT : \$

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ORDER DATE : December 5, 2022

ORDER TIME : 1:42 PM

ORDER NO. : 179603-015

CUSTOMER NO: 5021613

FOREIGN FILINGS

NAME: AVIATOR ACQUISITION 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: Eyliena Baker - EXT#

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:

AVIATOR ACQUISTION LLC

(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:

(Name of Person)

at (_____) (Area Code & Daytime Telephone Number)

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

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

FILED

2022 DEC -5 AH 8: 52

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

AVIATOR ACQUISTION LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

MARCH 13, 2017

(Date registered with Florida Department of State)

M17000002091

(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: _______(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

DocuSigned by: 631B46A98CE0499...

(Signature of authorized representative)

Arthur Amron, Vice President and Assistant Secretary

(Typed or printed name of signee)