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To:

Division of Corporations

Fax Number : (850)617-6383

From: Carrie Ramos, FRP, Paralegal PLEASE FAX CONFIRMATION TO 407 244-5690

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : I20010000078 : (407)843-8880 Phone Fax Number : (407)244-5690

LLC DISSOLUTION OR WITHDRAWAL PAP AVIATION, LLC

	OCT 17 AM 11: 05	Arritha of State for your orrenations Lahassee. Florida
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T. LEMIEUX OCT 18 2024 Ta:

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

PAP Aviatio	n, LLC						
	(Na	me of limited lia	ability company)				
State of Del	aware						
	(J	urisdiction of its	organization)				
4-24-2017							
	(Date regis	tered with Floris	da Department of Sta	itc)			
M1700000	3474						
	· · · · · · · · · · · · · · · · · · ·	(Florida Docum	ent Number)				
This limited lia	bility company is wi	thdrawing its c	ertificate of author	ity in this :	state.		
Effective Date,	if other than the date	e of filing:			(opti	onal)	
more than 90 dat Note: If the dat	date is listed, the dat ays after filing.) e inserted in this bloot be be listed as the doo	ock does not me	eet the applicable st	tatutory fil:	ing requ	iremer	
	818	AB	rized representative				
	Ryan Quinn	<i>,</i>			LS JOANNES	2024 OCT 17	
	T)	yped or printed	d name of signee)		OF STATE	7 AM 8: 30	ED

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