## M1900000 1051

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2020 JUL 23 PH 6: 08 SECRETARY OF STATE

D. BRUCE SEP 13 2020

## COVER LETTER

Nar	ne of Limited Liabi	lity Company	
DOCUMENT NUMBER: M190000010	51		
The enclosed Resignation of Registered for filing.	d Agent for a Limi	ited Liability Comp	pany and fee are submitted
Please return all correspondence conce	rning this matter t	o the following:	
Alicia Medina			
Name of Person	<u> </u>	<del></del>	
Jarvis & Associates, P.A.			
Name of Firm/Compa	ny		
1550 Madruga Avenue, Suite 220			
Address			
Coral Gables, Florida 33146			
City/State and Zip Co	de	<del></del>	
am@jarvislaw.com			2020 SE(
E-mail address: (to be used for future ann	mal report notification	n)	
For further information concerning this	s matter, please ca	11:	E 14. 2020 JUL 23 SECRETALA TALLAHA
Alicia Medina	305 at (	448-4848	
Name of Person	Area Co	ode Daytime Teleph	none Number 5.

**TO:** Registration Section Division of Corporations

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

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115, Florida Statutes, t	the undersigned.			
Jarvis & Associates, P.A.		, hereby resigns as			
	Name of Registered Agent	Hereby resigns as			
Registered Agent for B	ernstein Aircraft Sales, LLC			_	
-	Name of Limited Liability Company		<u></u>	_•	
M19000001051					
Document No	unber, if known				
A copy of this resignation	on was mailed to the above listed limited	liability company at its last know	wn address	i <u>.</u>	
The agency is terminate	d and the office discontinued on the 31st	day after the date on which this	statement	is filed.	
If signing on behalf of a	Signature of Resigning an entity:	f vicini	2020 JUL 23 Sēūretāki	المالين	
	James W. Jarvis	in the second se	N N	esserie Care C	
	Typed or Printed Name	AS		<u>}</u>	
	Director		유 <b>과</b>		
	Capacity	ا اسا آری	PM 6: 08	J	

FILING FEES:
\$ 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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