## M19 00000 5058

| (Re                                     | questor's Name)    |           |  |
|---|--------------------|-----------|--|
|   |                    |           |  |
| (Address)                               |                    |           |  |
|   |                    |           |  |
| (Address)                               |                    |           |  |
|   |                    |           |  |
| (Cit                                    | ty/State/Zip/Phone | #)        |  |
| PICK-UP                                 | MAIT               | MAIL      |  |
| (Business Entity Name)                  |                    |           |  |
| (Document Number)                       |                    |           |  |
| Certified Copies                        | _ Certificates     | of Status |  |
| Special Instructions to Filing Officer: |                    |           |  |
|   |                    |           |  |
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## **COVER LETTER**

| Division of Corporations   |  |
|--|--|
| Valkyric Aero, LLC SUBJECT:  |  |
| (Name of Limited Liabilit  | y Company)   |
| The enclosed member, resignation or dissociation and   | fee(s) are submitted for filing.   |
| Please return all correspondence concerning this matter  | er to:   |
| Todd McCutchan   |  |
| (Contact Person)   | <del></del>  |
| Valkyrie Aero, LLC   |  |
| (Firm/Company)   |  |
| 4562 E Mallory Cir, Suite 104  |  |
| (Address)  |  |
| Mesa, AZ 85215   |  |
| (City/State and Zip Code)  |  |
| For further information concerning this matter, please   | call:  |
| Erica McCutchan 480 at (   | 489-3948   |
|  | Code & Daytime Telephone Number)   |
| Enclosed please find a check made payable to the Flor  ■ \$25 Filing Fee □ \$55 I                  | ida Department of State for:<br>Filing Fee & Certified Copy  |
| 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 |

CR2E079 (2/14)

**TO:** Registration Section



## 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)

|  |                             | s it appears on the records of the Florida Department |
|--|-----------------------------|---|
| of State is:                             | yrie Aero. LLC              | · · · · · · · · · · · · · · · · · · ·                 |
| 2. The Florida doc<br>M19000005058       | ument/registration number a | ssigned to this limited liability company is:         |
| 3. The date this me                      | ember/manager withdrew/res  | signed or will withdraw/resign is: 3/6/2020           |
| 4. I, Charlie Keebaug                    | gh .                        | , hereby withdraw/resign as a                         |
| (Print 1                                 | Name of Person Resigning)   |   |
| Manager                                  |                             |   |
|  | (Print Title)               |   |
| of this limited lia<br>resignation in wi |                             | ne limited liability company has been notified of my  |
| _ OlsC,                                  | 4                           |   |
| Signature of D                           | sociating Member or Resig   | gning Manager   |
| Filing Fee:                              | \$25.00 (Required)          |   |
|  | \$30.00 (Optional)          |   |