## M19000007131

(	(Requestor's Name)			
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PICK-UP	WAIT	MAIL		
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	(Business Entity Name)			
	(Document Number)	<del></del>		
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

CONTACT PERSON: Eyliena Baker - EXT#

ACCOUNT NO. : I2000000195 REFERENCE : COST LIMIT : ORDER DATE: January 10, 2022 ORDER TIME : 9:23 AM ORDER NO. : 369917-025 CUSTOMER NO: 4338256 FOREIGN FILINGS NAME: STS AVIATION GROUP LLC CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX\_\_\_\_ CERTIFIED COPY \_\_\_\_ PLAIN STAMPED COPY CERTIFICATE OF STATUS

**EXAMINER:** 

## **COVER LETTER**

	istration S sion of Co	ection orporations		
SUBJECT:	STS Avia	ation Group LLC		
SUBJECT.		(Name of Fo	reign Limited Liability	Company)
Dear Sir or M	ladam:			
The enclosed	withdraw	al and fee(s) are submitte	ed for filing.	
Please return	all corres <sub>i</sub>	ondence concerning this	matter to the following	g:
Laura-Jayne	e Urso			
		(Name of Person)		_
Kirkland & E	Ellis LLP			
		(Firm/Company)		_
601 Lexingt	on Avenu	e		
		(Address)		_
New York, N	NY 10022			
		(City/State and Zip Coc	le)	_
For further in	formation	concerning this matter, p	olease call:	
	<del></del>		at (	) & Daytime Telephone Number)
	(Name	of Person)	(Area Code &	& Daytime Telephone Number)
Reg Div P.O	. Box 63	Section Corporations		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 [	330 Filing Fee & Certificate of Status	■\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

STS Aviation Group LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
July 23, 2019
(Date registered with Florida Department of State)
M19000007131
(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.    Coptional
Richard Huff
(Typed or printed name of signee)

Filing Fee: \$25.00