## M23000010999

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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		ČC	VER L	ettei	R K	
TO:	Registration					
SUBJE	High K CT:	ey Aviation LLC (Name of Fore	· · · ·		0	
		(Name of For	eign Limiteo	i Liability	Company)	
Dear Si	r or Madam:					
The enc	losed withdr	awal and fee(s) are submittee	l for filing.			
Please r	eturn all corr	espondence concerning this	matter to the	e followin	g:	
Eric Va	lldes					
		(Name of Person)			-	
		(Firm/Company)			-	
8146 O	ak Park Roac	1				
		(Address)			-	
Orlando	o.FL 32819					
		(City/State and Zip Code	:)		-	
For furt	her informati	on concerning this matter, p	lease call:			
Eric Va	ldes		9 <u>4</u> at (	54	2326186	
	(N	ame of Person)	at ((/	trea Code a	& Daytime Telephone Number)	
	Division P.O. Box	on Section of Corporations			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	)
Enclose	ed is a check	for the following amount:				
<b>≣\$</b> 25	Filing Fee	\$30 Filing Fee & Certificate of Status	□\$55 Fili Certifi	ng Fee & ed Copy	S60 Filing Fee. Certificate of Status & Certified Copy	

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## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

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	(Name of limited liability company)	
WY		
	(Jurisdiction of its organization)	
08/22/2023		
	(Date registered with Florida Department of State)	-
M23000010999		
	(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. (Signature of authorized representative) Eric Valdes (Typed or printed name of signee)