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APR 1 5 2013 **T. HAMPTON** 

## **COVER LETTER**

	gistration Section vision of Corporations		
SUBJECT:	AIR-serv Group, LLC		
ocuder.	(Name of Fore	ign Limited Liability C	ompany)
Dear Sir or N	Madam:		
The enclosed	d withdrawal and fee(s) are submitted	for filing.	
Please return	n all correspondence concerning this n	natter to the following:	
Grace	Scibelli (Name of Person)		
Coinmacl	h Corporation		
	(Firm/Company)		
303 Sunn	nyside Blvd., Ste. 70	_	
	, (Address)		
Plainview	, NY 11803		
	(City/State and Zip Code)		
	nformation concerning this matter, ple		0.00
Grace S	(Name of Person)	at ()	349-8555
	/(Name of Person)	(Area Code & I	Daytime Telephone Number)
Reg Dívi Clifi 266	REET/COURIER ADDRESS: distration Section ision of Corporations from Building 1 Executive Center Circle ahassee, Florida 32301	tion Section Registration Section of Corporations Division of Corporations 3uilding P.O. Box 6327 ecutive Center Circle Tallahassee, Florida 32314	
Enclosed is a	check for the following amount:		
. \$25 Filing	Fee \$30 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

Filing Fee: \$25.00

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