## P13D00054136

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJ	<sub>JECT:</sub> Alderidge Aviation Holdings, Inc.	_
DOC	(Name of Corporation) CUMENT NUMBER: P13000054136	_
The er	enclosed Resignation of Registered Agent for a Corporation and fee are submitted fo	r filing.
Please	se return all correspondence concerning this matter to the following:	
Ale	exis Mayor	
	(Name of Person)	
PB'	SY&A	
	(Name of Firm/Company)	
100	00 Brickell Avenue, Suite 600	
	(Address)	
Mia	ami, FL 33131	
	(City/State and Zip Code)	
For fu	further information concerning this matter, please call:	
Ale	exis Mayor  (Name of Person)  at (305) (Area Code & Daytime Telephone Number)	_

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, PBYA Corporate Services, LLC
(Name of Registered Agent)
hereby resigns as Registered Agent for Alderidge Aviation Holdings, Inc.
(Name of Corporation)
P13000054136
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
(Signature of Resigning Agent)
If signing on behalf of an entity:
Ricardo Bajandas (Typed or Printed Name)
<u>Manager</u>
(Capacity)  Fee for filing this document:  \$87.50 - Active Corporation
Fee for filing this document:
\$87.50 - Active Corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/