## P1300054136

(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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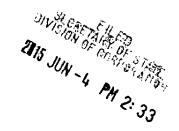
## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Alderidge Aviation Holdings, Inc.
noci	(Name of Corporation) UMENT NUMBER: P13000054136
	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
	return all correspondence concerning this matter to the following:
Alv	aro Castillo B., P.A.
	(Name of Person)
Cas	stillo & Associates
	(Name of Firm/Company)
139	00 Brickell Ave. Suite 200
	(Address)
Mia	mi, FL 33129
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
Alva	(Name of Person) at (305) 371-5540 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

ursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
lorida Statutes, the undersigned, Alvaro Castillo B.
(ivame of Registered Agent)
ereby resigns as Registered Agent for Alderidge Aviation Holdings, Inc.
(Name of Corporation)
P13000054136
(Document Number, if known)
copy of this resignation was mailed to the above listed corporation at its last known address
he agency is terminated and the office discontinued on the 31st day after the date on which is statement is filed.
(Signature of Resigning Agent) 5.12.17
signing on behalf of an entity:
(Typed or Printed Name)
Canacity)

## Fee for filing this document:

\$87.50 - Active Corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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