

531302

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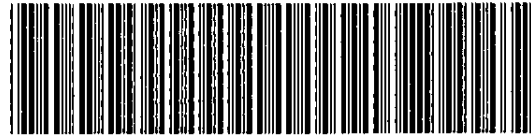
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January 6, 2011

State of Florida
Secretary of State
Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Pensacola Aviation Center Inc. - General
Our File No. P0872-088214

Dear Sir:

Attached is the Cover Letter and Resignation of Registered Agent indicating resignation of Sally B. Fox as Registered Agent for Pensacola Aviation Center, Inc. Also attached is our firm's check in the amount of \$87.50, representing the fee for resignation.

Should you have any questions please do not hesitate to contact me.

Yours very truly,



Sally Bussell Fox
For the Firm

SBF/amb

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pensacola Aviation Center, Inc.
(Name of Corporation)

DOCUMENT NUMBER: 531302

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sally B. Fox

(Name of Person)

Emmanuel, Sheppard & Condon, P.A.

(Name of Firm/Company)

30 South Spring Street

(Address)

Pensacola, FL 32502

(City/State and Zip Code)

For further information concerning this matter, please call:

Sally B. Fox

(Name of Person)

at (850) 433-6581

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, Sally B. Fox

(Name of Registered Agent)

hereby resigns as Registered Agent for Pensacola Aviation Center, Inc.

(Name of Corporation)

531302

(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:

(Typed or Printed Name)

(Capacity)

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

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