## 854070

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Common Line)
(Document Number)
Certified Copies Certificates of Status
0 111 1 1 1 1 1 1 1
Special Instructions to Filing Officer:

Office Use Only



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14 SEP 24 PM 3: 41

OCT 07 2014 T. CARTER

PAResign



## CT Corporation

111 Eighth Avenue New York, NY 10011 212 894 8940 tel 212 590 9180 fax www.ctcorporation.com

September 15, 2014

RE: EVERGREEN INTERNATIONAL AIRLINES, INC. (OR. DOM.)

Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed is 1 check in the amount of \$87.50 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri (hm)

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA/hm Enclosure September 15, 2014

RE: EVERGREEN INTERNATIONAL AIRLINES, INC. (OR. DOM.)

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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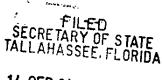
Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri (hm)

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA/hm Enclosure



## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

14 SEP 24 PM 3: 41

Pursuant to the provisions of sections of	507.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	C T CORPORATION SYSTEM
, ,	(Name of Registered Agent)
hereby resigns as Registered Agent for	EVERGREEN INTERNATIONAL AIRLINES, INC.
	(Name of Corporation)
854070	
(Document Number, if known)	<del></del>
A copy of this resignation was mailed t	to the above listed corporation at its last known address.
The agency is terminated and the office this statement is filed.	e discontinued on the 31st day after the date on which
[A	ralf
(S	ignature of Resigning Agent)
If signing on behalf of an entity:	
C T CORPORA	TION SYSTEM - THERESA ALFIERI
	(Typed or Printed Name)
AS	SSISTANT SECRETARY
	(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