F0100000 6087

(Re	questor's Name)		-
(Ad	dress)	·	•
(Ad	dress)		•
(Cit	y/State/Zip/Phone	#)	•
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	e)	•
(Do	cument Number)		•
Certified Copies	Certificates	of Status	
Special Instructions to I	Filing Officer:		-
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Global Jet Shares, I	nc.			
	(Name of Corpor	ation)		,
DOCUMENT NUMBER: F010	00006087			
The enclosed Resignation of Regist	tered Agent for a Corpo	oration and fee are su	ıbmitted for filinş	3.
Please return all correspondence co	ncerning this matter to	the following:		
Ronald Kelly				
(Name of Pers	son)		Parameter State	to the second
Remax Olson & Associates				
(Name of Firm/Co	mpany)		v	يقي ۽
11141 Tampa Avenue				
(Address)				3.5
Northridge, CA 91326				
(City/State and Zi	p Code)		-	<u>~</u>
For further information concerning	this matter, please call	:		
Ron Kelly	at (818	678-0140		
(Name of Person)	(Area Co) 678-0140 de & Daytime Telepho	ne Number)	٠
Enclosed is a check made payable to \$35.00 for an administratively di	o the Florida Departme ssolved, voluntarily dis	ent of State for \$87.5 ssolved or withdrawn	0 for an active con corporation.	orporation
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, EL 32314	Street Address: Amendment Section Division of Corporat 409 E. Gaines Street Tallahassee El. 323	ions		- - -

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, Scott C. Burgess	
(Name of Registered Agent)	
hereby resigns as Registered Agent for Global Jet Shares, Inc.	
(Name of Corporation)	•
F0100006087	
(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.	ವೆತ
(Signature of Resigning Agent)	
If signing on behalf of an entity:	
(Typed or Printed Name) FINAL STATE ORIGINAL	
(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Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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