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## **COVER LETTER**

SUBJECT: N322RM Holdings, Inc.  (Name of Corporation)  DOCUMENT NUMBER: F07000002426  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:  Keri Dowling, Esquire  (Name of Person)
(Name of Corporation)  DOCUMENT NUMBER: F07000002426  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:  Keri Dowling, Esquire  (Name of Person)
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Please return all correspondence concerning this matter to the following:  Keri Dowling, Esquire  (Name of Person)
Keri Dowling, Esquire  (Name of Person)
(Name of Person)
Audustian Laurel Onesia. D.A.
Aviation Legal Group, P.A.
(Name of Firm/Company)
5525 NW 15th Avenue, Suite 200
(Address)
Fort Lauderdale, Florida 33309
(City/State and Zip Code)
For further information concerning this matter, please call:
Allison Sass at ( 954 ) 763-5565 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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	s 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,	Aviation Legal Group, P.A.	
_	(Name of Registered Agent)	
hereby resigns as Registered Agent for	or N322RM Holdings, Inc.	
, , ,	(Name of Corporation)	
F07000002426		
(Document Number, if known)	<del></del>	
A copy of this resignation was mailed	d to the above listed corporation at its last known address.	
The agency is terminated and the offi	ice 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:		
Scott C. Burges		
	(Typed or Printed Name)	劉
President		ARY COT
	(Capacity)	F SIATIONS

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