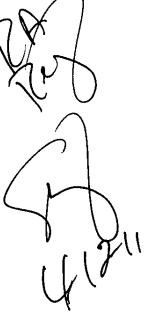
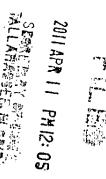
(Requestor's Name)	
(Address)	9002012171
(Address)	
(City/State/Zip/Phone #)	04/11/1101020024
(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJI	ECT: AEROLAB AVIATION SERVICES, INC. (Name of Corporation)
DOCL	UMENT NUMBER: F0900001216
The en	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Rhonda Maybin (Name of Person)
Capi	tol Services Registered Agent Department (Name of Firm/Company)
	800 Brazos, Suite 400 (Address)
	Austin, Texas 78701 (City/State and Zip Code)
For fur	ther information concerning this matter, please call:
	Rhonda Maybin at (800) 345-4647 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
Tallahassec, 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, Capitol Corporate Services, Inc. (Name of Registered Agent)
(Name of Registered Agent)
hereby resigns as Registered Agent for AEROLAB AVIATION SERVICES, INC. (Name of Corporation)
F0900001216
(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:
Cheryl Roberts (Typed or Printed Name)
President

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

(Capacity)