G50696

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificatés of Statu	s	
Special Instructions to Filing Officer:		
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05/15/09--01010--026 **87.50

2009 MAY 15 PM 1: 52
SECRETARY OF STATE

R.A. Resign.
TB 5/20/09

COVER LETTER

TO:	Amendment Section	
	Division of Corporations	
SUBJ	ECT: Spenc-Air Corporation	
	(Name of Corporation)	
DOC	MENT NUMBER: G50696	
The er	closed Resignation of Registered Agent for a Corporation and fee are submitted for fili	ng.
Please	return all correspondence concerning this matter to the following:	
Briar	n Ellerhorst	
-	(Name of Person)	
Sper	nc-Air Corporation	
	(Name of Firm/Company)	
1979	10th Ave North	
	(Address)	
Lake	Worth, FL 33461	
	(City/State and Zip Code)	
For fu	ther information concerning this matter, please call:	
Brian	Ellerhorst at (954) 205-4221 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION	KILED OF PHISE
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.	PH
Florida Statutes, the undersigned, Gerald Stalzer	a. 1.50
(Name of Registered Agent)	Flogs.
hereby resigns as Registered Agent for Spenc-Air Corporation	Plos
(Name of Corporation)	
G50696	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known addr. 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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