L02000024695

(Re	equestor's Name)
(Ac	ddress)
(Ad	ddress)
· (Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Ви	isiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
•	Office Use Only



000095493610

07 MAY -2 PM 2: 0 SECRETARY OF STATALLAHASSEF, FLORE



ACCOUNT NO. : 072100000032

REFERENCE

7119615

AUTHORIZATION COMM

COST LIMIT

ORDER DATE: May 2, 2007

ORDER TIME : 11:54 AM

ORDER NO. : 878880-005

CUSTOMER NO: 7119615

DOMESTIC AMENDMENT FILING

NAME:

DUVAL PILOT EQUIPMENT

OUTFITTERS, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT - RESIGNATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Cindy Harris -- EXT# 2937

EXAMINER'S INITIALS:



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER'S FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited liability company as	it appears on the records of the Florida Department
of State is: <u>Duval Pilot Equipme</u>	nt Outfitters, LLC
2. This limited liability company was organized	l under the laws of:
Florida	**************************************
3. The Florida document/registration number of	this limited liability company is:
L02000024695	<u> </u>
4.I. Lawrence B. Kaye	, hereby resign as a Managing Member
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the	e limited liability company has been notified of my
resignation in writing.	
Lanna R. Kan	1a -
Signature of Resigning Member, Managing M	ember or Manager
	•

\$25.00 (Required)

\$30.00 (Optional)

CR2E079 (5/06)

Filing Fee:

Certified Copy: