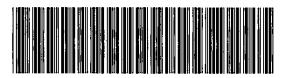
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### **COVER LETTER**

SUBJECT: Air Orlando Helicopter Flight Training and F	lental, LLC
Name of Limited Liability	Company
DOCUMENT NUMBER: L02000025096	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e following:
Matthew T. Farr, Esq.	
Name of Person	
Farr Group, PL	
Name of Firm/Company	
7479 Conroy-Windermere Road, Suite D	
Address	
Orlando, FL 32835	
City/State and Zip Code	
mb01@farr-group.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Matthew T. Farr	822-4222 Daytime Telephone Number
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Department liability company or \$25.00 for an administratively dissolved liability company.	of State for \$85.00 for an active limited I, voluntarily dissolved or withdrawn limited

### MAILING ADDRESS:

Registration Section Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (2/14)

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0115,	Florida Statutes, the	undersigned,		
Matthew T. Farr, Esq.			, hereby resigns as		
	ame of Registered Agent				
Registered Agent for AIR	ORLANDO HEL	ICOPTER FLIGH	T TRAINING AND F	RENTAL,	
LLC				,	
	Name of Limite	ed Liability Company			
L02000025096					
Document Numb	oer, if known	<del></del> -			
A copy of this resignation	was mailed to the ab	ove listed limited liab	vility company at its last h	known address.	
The agency is terminated a	Zeg	tinued on the 31st day Signature of Resigning Ag		this statement is filed.	
in signing on ochair or an	intry.			AR SS	
_	Тур	oed or Printed Name		AMII: 0	
-		Capacity		I: OI	
	FILING F \$ 85.00 \$ 25.00	Active limited liabili	solved/voluntarily disso	olved/	

Make checks payable to Florida Department of State and mail to: Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314