## 103000027214

| (Requestor's Name)                      |  |  |  |  |
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| (City/State/Zip/Phone #)                |  |  |  |  |
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| PICK-UP WAIT MAIL                       |  |  |  |  |
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| (Business Entity Name)                  |  |  |  |  |
|   |  |  |  |  |
| (Document Number)                       |  |  |  |  |
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| Certified Copies Certificates of Status |  |  |  |  |
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| Overal Management of Filling Officer    |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
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SECRETARY OF STATE
VALLAHASSEE, FLORING

1.8.05 or

## TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations  |
|---|
| SUBJECT: Daral Aviation, LLC  |
| (Name of Limited Liability Company)   |
| DOCUMENT NUMBER: L03000027214   |
| The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:   |
| Adriana Tejeda  |
| (Name of Person)  |
| 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:  |
| Adriana Tejeda at ( 954 ) 763-5565  |
| Adriana Tejeda at (954) 763-5565  (Name of Person) (Area Code & Daytime Telephone Number)   |
| Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company. |
| Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399  |

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| •                       | ions of section 608.416(2) or 608.309, r   | iorida Statutes, tile tindersigned, | -   |
|-------------------------|--|-------------------------------------|---|
| Scott C. Burgess        |  | , hereby resigns as                 | · · · · · · · · · · · · · · · · · · ·             |
|                         | (Name of Registered Agent)                 |                                     | <b>2.</b>   |
| Registered Agent for    | Daral Aviation, LLC                        | · <u>-</u>                          | <del>। । । । । । । । । । । । । । । । । । । </del> |
|                         | (Name of Limited Liability Comp            | any)                                |   |
| L03000027214            | mber, if known)                            | رآ و دروه در سدهد                   |   |
|                         | tion was mailed to the above listed limite |                                     | -   |
| If signing on behalf of | an entity:                                 | SECRETARY O                         | 8- JUL -8 AH                                      |
|                         | (Typed or Printed Nan                      | F STAI                              | 9 D   |
|                         | (Capacity)                                 | <del>ori</del>                      | ω .   |

### FILING FEES:

\$ 85.00 Active limited liability company

\$ 25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314