L03000054387

(Requestor's Name)	
(Address)	
,	
(Address)	
(City)(Obaba City)(Diagram)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
AUTHORIZATION BY PHONE TO	
*** delete Jeffrey Roy	,
DATE 10/25/07	
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Office Use Only



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JUJ .

COVER LETTER

Division of Corporations
SUBJECT: Oircraft Engineering & Fabrication, LLC (Name of Limited Limited Limited Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Todd WitKoff (Contact Person)
Ourcraft Engineering a Fabrication, LLC
1501 aimay Circle
New Smyrna Beach FL 32168 (City/State and Zip Code)
For further information concerning this matter, please call:
Todd Wittoff (Name of Contact Person) at (386) 852-4793 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as i	,	•	artme	nt
of State is:	ircraft Engineering	a Fabrication, L	hC		<u>.</u> .
2. This limited liab	ility company was organized	under the laws of:		07 OCT 23	DIVISION OF CORPORATIONS
3. The Florida document/registration number of this limited liability company is:)RPOKÁ
LO3000054387 Robert D. Carlson CEO			Eo	2: 53	TIONS
4. I,	of Person Resigning)	, hereby resign as a	(Print Title)		_
of this limited lia resignation in wr	bility company and affirm the iting.	limited liability company ha	as been notifie	d of n	ıy
7	The state of the s				,
Signature of Res	igning Member, Managing Mo	ember or Manager			
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				