L04000037341

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SEGRETARY OF STATE
DIVISION OF CORPORATIONS

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COVER LETTER

TO:.. Amendment Section Division of Corporations

SUBJECT:	BJECT: ALPHA TURBINE AVIATION TECHNOLOGY, LLC				
	. "	Name of Limited Liability	• •		
DOCUMENT N	IUMBER:	L04000037341			
The enclosed Re for filing.	signation of Regi	stered Agent for a Limite	d Liability Company and fee are submitted		
Please return all	correspondence c	concerning this matter to t	he following:		
	BRENDA URD		_		
	Name of Per	son			
ALPHA TURI	BINE AVIATION	TECHNOLOGY, LLC			
	Name of Firm/C	ompany	-		
	8031 NW 31 S	TREET	_		
	Address		_		
	DORAL/FL 3		_		
	City/State and Z	ip Code	_		
	URDANET@GN		_		
E-mail address	s: (to be used for futu	re annual report notification)			
For further infor	mation concerning	g this matter, please call:			
	IDA URDANETA	ai (295-6464		
N	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

STREET ADDRESS:

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 608.416(2) or 608.509, Florida Statutes, the und	ersigned,		
ROM	ER A. URDANETA, hereby res	signs as		
N	ame of Registered Agent	<u></u>		
Registered Agent for	ALPHA TURBINE AVIATION TECHNOLOGY, LLC			
	Name of Limited Liability Company	,		
L040000	37341			
Document Numb	per, if known			
A copy of this resignation	was mailed to the above listed limited liability company at	its last known address.		
The agency is terminated a	nd the office discontinued on the 31st day after the date or	which this statement is filed.		
_	Signature of Resigning Agent	<u> </u>		
If signing on behalf of an e	SEGRE VISION (
_	ROMER A. URDANETA D.			
	Typed or Printed Name	jór≤in.		
	MANAGER			
	Capacity	AM 10: 4.5		

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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