L04000048921

(Re	questor's Name)	
(Ad	dress)	
	dress)	·
(Ad	aress)	
(Cit	ry/State/Zip/Phone	÷#)
(-1-	,	· · · ,
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	-
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800120484038

03/19/08--01013--002 **85.00

08 MAR 19 PH 1: 19

COVER LETTER

Division of Corporations
SUBJECT: Richmark Aircraft Leasing V, LLC (Name of Limited Liability Company) DOCUMENT NUMBER: L04000048921
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:
Marla R. Mayster
(Name of Person)
Hodgson Russ LLP (Name of Firm/Company)
1801 N. Military Trail, Suite 200 (Address)
Boca Raton, FL 33431 (City/State and Zip Code)
For further information concerning this matter, please call:
Marla R. Mayster at (561) 862-4126 (Name of Person) at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Tallahassee, FL 32314 Tallahassee, FL 32301 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 Statu	ites, the undersigned,	
HRAWG Corp.	, hereby resigns as	
(Name of Registered Agent)	, , <u>,</u>	
Registered Agent for Richmark Aircraft Leasing V,	LLC	
(Name of Limited Liability Company)		_
L04000048921		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed limited liability	company at its last known address	š.
The agency is terminated and the office discontinued on the 31st day after (Signification Agent)	the date on which this statement	is filed.
If signing on behalf of an entity:	7	
James M. Hankins	OB SEC	
(Typed or Printed Name) Vice President	OOMAR I BECRETA LLAHAS	
(Capacity)	SEE 9	-
FILING FEES: \$ 85.00 Active limited liability co \$ 25.00 Administratively dissolve withdrawn limited liabili	ed/ voluntarily dissolved/	

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