L04000054507

	equestor's Name)	islach
Maple	S.J. J. ddress)	
(Ci	ty/State/Zip/Phone	⊕#) MAIL
{	usiness Entity Nan	ne)
Certified Copies		of Status
Special Instructions to	Filing Officer:	

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W 54567

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, F	lorida Statutes, the undersigned,
SUSANNE DIEPERS	, hereby resigns as
(Name of Registered Agent)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Registered Agent for	
AIRPORT HOTEL AND STORAGE LLC	
(Name of Limited Liability Comp	pany)
L040000 54507 (Document Number, if known)	
A copy of this resignation was mailed to the above listed limited	ed liability company at its last known address.
The agency is terminated and the office discontinued on the 31	
If signing on behalf of an entity:	ALC
(Typed or Printed Nam	ALLAHASSE
(Capacity)	

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