

L04000066849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

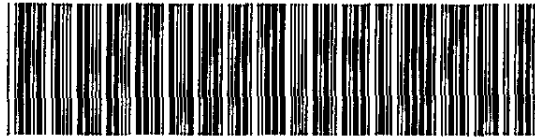
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800059113448

RA Resignation
T. Lewis

09/06/05--01044--016 **85.00

FILED
05 SEP -9 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AVIATION LEGAL GROUP, P.A.5525 NW 15TH AVENUE, SUITE 200

FT. LAUDERDALE, FLORIDA 33309

PHONE: 954-763-5565

FAX: 954-763-8488

WEB: WWW.AVIATIONLEGALGROUP.COM

FACSIMILE TRANSMITTAL SHEET

To: **Thelma**
Fax: 850-245-6897
Phone: 850-245-6905
RE: V-P Aviation, LLC
File # 601-02
CC:

From: Allison Sass, Paralegal
Pages: 4 including cover
Date: September 26, 2005

☐ Urgent☒ Hard copy will NOT follow by mail

Dear Thelma:

Pursuant to our Friday, September 23, 2005 telephone conversation, attached please find the Resignation of Registered Agent for V-P Aviation, LLC along with a copy of the front and back of the cashed check made out to the Department of State. You were unable to find any information as to why the resignation paperwork was never processed or how the check was cashed without the work being done. Thus, you indicated that you could process our request once I provided you with the attached documents.

Once the resignation is complete, kindly contact me at 954-763-5565.

Kindest Regards,

AVIATION LEGAL GROUP, P.A.



Allison N. Sass, Paralegal
allisons@aviationlegalgroup.com

NOTICE TO RECIPIENT

ALL THE PAGES WHICH CONSTITUTE THIS FACSIMILE TRANSMISSION CONTAIN INFORMATION WHICH IS CONFIDENTIAL AND COVERED BY ATTORNEY-CLIENT PRIVILEGE.

THE INFORMATION HEREIN IS INTENDED SOLELY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED OR DIRECTED. IF THE READER OF THIS NOTICE IS NOT LISTED ABOVE, OR IF THE READER IS NOT AN EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THE FACSIMILE TRANSMISSION TO THE ADDRESSEE, THEN YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR REPRODUCTION OF ANY OR ALL OF THESE PAGES IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS FACSIMILE TRANSMISSION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE COLLECT AT (954) 763-5565 AND RETURN THE ORIGINAL FACSIMILE TRANSMISSION TO US AT AVIATION LEGAL GROUP, 5525 NW 15TH AVENUE, SUITE 200, FORT LAUDERDALE, FLORIDA 33309, USA, VIA THE POSTAL SERVICE. WE WILL REIMBURSE YOU FOR THE POSTAGE. THANK YOU.

IF THERE IS ANY PROBLEM WITH THIS TRANSMISSION,**PLEASE CALL (954) 763-5565**

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: V-P Aviation, LLC

(Name of Limited Liability Company)

DOCUMENT NUMBER: LO4000066849

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:

Scott C. Burgess

(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:

Allison Sass

(Name of Person)

at (954) 763-5565

(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
409 E. Gaines Street
Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Scott C. Burgess

(Name of Registered Agent)

, hereby resigns as

Registered Agent for V-P Aviation, LLC

(Name of Limited Liability Company)

L04000066849

(Document Number, 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 and the office discontinued on the 31st day after the date on which this statement is filed.


(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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

FILED
05 SEP -9 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FL 32304