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SECRETARY OF STAT

J. BRYAN

AUG 18 2009

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Air Flow LL (Name of Limited Liability Compa	any)
The enclosed member, managing member or manager resignatiling.	ation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Ben F. Parton Tr. (Contact Person)	Ţ _A ς. Q
Air Flow, LCC (Firm/Company)	09 AUG 17 PM 12: 5
1435 Nautilus Dr. (Address)	PM 12: 57 OF STATE EE. FLORIDA
Navarre, Fl 325(a) (City/State and Zip Code)	
For further information concerning this matter, please call:	
Sulie Parton -at (850) (Name of Contact Person) (Area Code &	313-5338 Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Dep \$25 Filing Fee \$55	partment of State for: 5 Filing Fee & Certified Copy
Registration Section R Division of Corporations D Clifton Building P	AAILING ADDRESS: Legistration Section Division of Corporations LO. Box 6327 Callahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florid of State is: Air Flow, LLC	la Department
2. This limited liability company was organized under the laws of: Florida	SECRETAR)
3. The Florida document/registration number of this limited liability company is:	PHIZ: 57
4. I, Ben F. Parton Jr., hereby resign as a Manage (Print Name of Person Resigning) (Print	ing Member
of this limited liability company and affirm the limited liability company has been resignation in writing.	notified of my
Signature of Resigning Member, Managing Member or Manager	

Filing Fee: Certified Copy: \$25.00 (Required) \$30.00 (Optional)