

L05000123481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

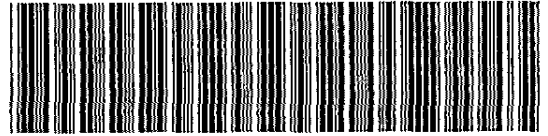
(Business Entity Name)

(Document Number)

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07 MAR -9 AM 7:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*MBRM*  
*Res of MEMBER*  
*DRG*  
*3/9*

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** RPG Enterprises LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** 105000123481

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:

Patrick Dwyer  
(Name of Person)

RPG LLC  
(Name of Firm/Company)

825 N. Lake Clark Circle  
(Address)

Orlando FL 32765  
(City/State and Zip Code)

For further information concerning this matter, please call:

Patrick Dwyer at ( 321 ) 231-9219  
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
409 E. Gaines Street  
Tallahassee, FL 32399

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:**           *Magic Air Aviation LLC*            
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

          *Patrick Dwyer*            
(Contact Person)

          *Magic Air Aviation LLC*            
(Firm/Company)

          *825 North Lake Clare Circle*            
(Address)

          *Oviedo FL 32765*            
(City/State and Zip Code)

For further information concerning this matter, please call:

          *Patrick Dwyer*           at ( *321* ) *231-9219*  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



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 Florida Department of State is: Magic Air Adventure Aviation LLC

2. This limited liability company was organized under the laws of: Florida

3. The Florida document/registration number of this limited liability company is: 105000123481

4. I, Patrick J. Dwyer, hereby resign as a Member  
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]  
Signature of Resigning Member, Managing Member or Manager

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

FILED  
07 MAR -9 AM 7:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA