LU6000111885

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|---|
| (Requestor's Name) |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| (City/State/Zip/Fillotte #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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JAN 18 2011 EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: Sunshine Helicopter Tours (Name of Limited Lie | · · · · · · · · · · · · · · · · · · · |
| (Name of Limited Li | ability Company) |
| The enclosed member, managing member or mana filing. | ger resignation and fee(s) are submitted for |
| Please return all correspondence concerning this n | natter to: |
| Harry E. Harp, CPA | |
| (Contact Person) | |
| Harp Tax & Financial Group, LLC | |
| (Firm/Company) | |
| 4005 Lillian Hall Lane | SECRETARY OF STOLE FLORING |
| (Address) | S C C C C C C C C C C C C C C C C C C C |
| Orlando, FL 32812 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, ple | ase call: |
| Harry E. Harp, CPA | 407) 275-8646 |
| | rea Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the \$\sqrt{\sqrt{1}}\$\$ \$25 Filing Fee | Florida Department of State for: \$55 Filing Fee & Certified Copy |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| Clifton Building | P.O. Box 6327 |
| 2661 Executive Center Circle Tallahassee, Florida 32301 | Tallahassee, Florida 32314 |

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

| | limited liability company as in shine Helicopter Tour | | of the Flori | da Depa | rtment |
|----------------------------------|---|----------------------------|----------------|-------------------------|------------|
| 2. This limited liab | ility company was organized u orida | under the laws of: | | | |
| 3. The Florida doct L06000117 | ument/registration number of t 7885 | his limited liability comp | oany is: | TALLAHASSE SECRETARY | C |
| 4. I, Kevin Rob | ertson ame of Person Resigning) | , hereby resign as a | MGRM (Print | Title) | 15 de 1 |
| | oility company and affirm the | limited liability company | has been | notified | of mỹ |
| Signature of Resi | gning Member, Managing Me | mber or Manager | | | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | | | |