10700018989

100	h :
NEW CONTRACTOR	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	PICK-UP WAIT MAIL
	(Business Entity Name)
_	(Document Number)
Cer	ified Copies Certificates of Status
s	pecial Instructions to Filing Officer:
	Jud
	Office Use Only



900103819049

06/07/07--01005--006 **25.00

07 JUN - 7 AM IO: 33
SECRETARY OF STATE

COVER LETTER

Division of Corporations
SUBJECT: AMERICAN AIR TESTING 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:
HARRY D. LEWELLYN (Contact Person)
AMERICAN AIR TESTING LLC (Firm/Company)
AMERICAN AIR TESTING LZ (Firm/Company) ZZO3 SW /ZTL PLACE (Address) CAPE CORAL FL 33991
CAPE CORAL FL 33991 (City/Stale and Zip Code)
For further information concerning this matter, please call:
HARRY D. Lewellyw at (239) 772-9953 (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 \$ Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building

2661 Executive Center Circle Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

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

	imited liability company as it appears on the records of the Florida Department MERICAN AIR TESTING LLC.
2. This limited liabil	lity company was organized under the laws of:
FLORI	JA, USA.
3. The Florida docum	ment/registration number of this limited liability company is:
L0700	0018989
4. I, John (Print Na	MAYHUGH, hereby resign as a MGR me of Person Resigning) (Print Title)
of this limited liab resignation in writ	ility company and affirm the limited liability company has been notified of my ing.
Signature of Resig	ning Member, Managing Member or Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)