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SECRETARY OF STATE
DIVISION OF CORPORATION

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: AMERICAN AIR TESTING (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted filing.
Please return all correspondence concerning this matter to:
HARRY D. LEWELLYN (Contact Person)
AMERICAN AIR TESTING (Firm/Company)
2203 SW 12th PLACE (Address)
CAPE CORAL, FL 33991 (City/State and Zip Code)
For further information concerning this matter, please call:
HARRY D. LEWELLYN at (239) 438-6247 (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: MAILING ADDRESS:

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

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

for

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as it ap MERICAN AIR TE		of the Florida Dep	eartment
2. This limited liability FLORIDA,	ty company was organized und	ler the laws of:		
3. The Florida docum	nent/registration number of this	limited liability com	npany is:	
,	se of Person Resigning)	, hereby resign as a	(Print Title)	<u>ANAG</u> ER
of this limited liabil resignation in writing	ity company and affirm the lin	nited liability compar	ny has been notifie	d of my
Signature of Resign	Lewelly ) ning Member, Managing Mem	ber or Manager	·	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		07 SEP 13 PH 1	SECRETARY OF S

CR2E079 (5/06)