L07000070569

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COVER LETTER

Registration Section

CR2E079 (5/06)

Division of Corporations				
SUBJECT: ADL AIR LLC				
(Name of Limited Liability Company)				
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for			
Please return all correspondence concerning the	is matter to:			
Lourdes Barrera				
(Contact Person)	· · · · · · · · · · · · · · · · · · ·			
ADL AIR LLC				
(Firm/Company)				
9705 COSTA DEL SOL BLVD				
(Address)				
DORAL,FLORIDA 33178	· · · · · · · · · · · · · · · · · · ·			
(City/State and Zip Code)				
For further information concerning this matter,	please call:			
	_{t (} 786 ₎ 234-6807			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to t	he Florida Department of State for:			
\$25 Filing Fee	\$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 32314			
Tallahassee, Florida 32301				



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of the l of State is: ADL		it appears on the records	s of the Florida Department
2. This limited liabil	ity company was organized	under the laws of:	
3. The Florida documents L07000070	ment/registration number of 569	this limited liability cor	mpany is:
4. I, DAVID BARRERA JR (Print Name of Person Resigning)		, hereby resign as a	MGRM MEMBER (Print Title)
of this limited liab resignation in writ	ility company and affirm the	e limited liability compa	ny has been notified of my
Signature of Resig	ming Member, Managing M	fember or Manager	
_	\$25.00 (Required) \$30.00 (Optional)		