LD7000114092

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

Office Use Only



900205218879

05/06/11--01038--030 **195.00

SECRETARY OF STATIONS
SIVISION OF CORPORATIONS
11 HAY -6 AH 9: 23

PARZS (13/1/

LEFKOWITZ, SHAW & SENTNER

ATTORNEYS AND COUNSELORS AT LAW

IVAN M. LEFKOWITZ* THOMAS C. SHAW** KEVIN A. SENTNER** 430 NORTH MILLS AVENUE, SUITE 4 ORLANDO, FLORIDA 32803 TELEPHONE (407) 425-1974 FACSIMILE (407) 425-1981 WEBSITE: ORLANDOLAW.ORG

* BOARD CERTIFIED IN TAXATION AND MASTER OF LAWS IN ESTATE PLANNING
** BOARD CERTIFIED IN WILLS, TRUSTS, ESTATES

May 4, 2011

Attn: Corporations Division Secretary of State Bureau of Corporate Records Post Office Box 6327 Tallahassee, Florida 32314

Re: Goldcrest Holdings, L.L.C.
Bentley Aviation, L.L.C.
Orlando-Apopka Airport FBO, L.L.C.

Dear Sir or Madam:

Enclosed please find Resignation fo Registered Agent for a Limited Liability Company Forms for each of the above referenced entities.

A check is also enclosed in the total amount of \$195.00 to cover the \$85.00 filing fee for Goldcrest Holdings, L.L.C., the \$85.00 filing fee for Bentley Aviation, L.L.C., and the \$25.00 filing fee for Orlando-Apopka Airport FBO, L.L.C.

Very truly yours,

homas C. Shaw

Thomas C. Shaw

TCS:glg Enclosures

cc: Mr. Wayne Bentley (w/encl)

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section	n 608.416(2) or 608.509, F	Florida Statutes, the undersigne	d,
Ivan M. Le	fkowitz, Esq.	, hereby resigns as	
Name of Re	gistered Agent	, , ,,	
Registered Agent for	Bentley A	Aviation, L.L.C.	
	Name of Limited Liability Com	pany	
L07000114092			
Document Number, if knov	vn		
A copy of this resignation was mail	led to the above listed limit	ed liability company at its last	known address.
The agency is terminated and the o	Signature of Resi	my	Q.
If signing on behalf of an entity:	·	8	SECRETA VISION OF
	Typed or Printed Nar	ne	-6 AH
	Capacity		SATION H 9: 2:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314