(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:			
i			

Office Use Only

G. MCLEOD JAN 24 2012 **EXAMINER** 



300219083863

300219083863 01/23/12--01036--018 \*\*50.00

## **COVER LETTER**

CR2E079 (5/06)

TO: Registration Section	
Division of Corporations	
SUBJECT: Ocean and Aviation Service (Name of Limited L	
(Name of Limited E	naomty Company)
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Race Foster	
(Contact Person)	
Ocean and Aviation Services LLC	
(Firm/Company)	
1200 E. 8th Street	
(Address)	
Lynn Haven, FL 32444	
(City/State and Zip Code)	
For further information concerning this matter, plo	ease call:
Race Foster at (	850 , 832-0504
\\\\ <u></u>	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
T take the t	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



## 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 it ean and Aviation Servi		of the Florida Department
2. This limited liabi Florida	lity company was organized u	nder the laws of:	
3. The Florida docu L08000020	ment/registration number of the 188	nis limited liability com	pany is:
4. I, Alexandra	Urena	, hereby resign as a _	Manager
/ <del></del>	ume of Person Resigning)		(Print Title)
of this limited liab resignation in wri	ility company and affirm the ling.	imited liability compan	y has been notified of my
Signature of Resig	da Ullina gning Member, Managing Men	0//19/2 mber or Manager	0/2
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		

CR2E079 (5/06)