13900024280

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

G. MCLEOD

SEP 24-2010 Only

EXAMINER



200184524802

08/23/10--01013--030 **25.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

Division of Corporations	
•	
SUBJECT: LIGHTNING AIR SPARE	S, LLC
	Liability Company)
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
Don R. Livingstone, Esq. (Contact Person)	
8761 S W 133 St., #202 (Firm/Company)	
Miami, FL 33176	
(Address)	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
	(305) 238÷9473
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	ne Florida Department of State for:
X \$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	

CR2E079 (5/06)



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 appe		f the Florida Department	
	ility company was organized under	the laws of:		
Florida	·			
3. The Florida doci	ment/registration number of this lin	nited liability compa	any is:	
4. I, <u>Luz A. G</u>	omez, h	ereby resign as a	manager (Print Title)	
of this limited lia resignation in wr	pility company and affirm the limite	d liability company	has been notified of my	
Lilon	cag			
Signature of Resi	gning Member, Managing Member	or Manager		
	\$25.00 (Required) \$30.00 (Optional)		10 SEP 23 PM	2114

CR2E079 (5/06)