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12 JAN -5 AN II: 15
SECRETARY OF STATE
TALLAHASSEE ELOPID.

COVER LETTER

Division of Corporations
SUBJECT: COM SPM & AENOSPACE LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
LAWENEE COPLAN (Contact Person)
LAWNENEE A. CAPLAN. PA (Firm/Company)
1375 GATEWAT BWD (Address)
BUYNTON BEACH, PC 33426 (City/State and Zip Code)
For further information concerning this matter, please call:
L. CAPLAN at (Scel.) 988-6009 (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 \$25 Filing Fee Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Ruilding P.O. Boy 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle Tallahassee, Florida 32301



FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	e limited liability company as	• •	•
2. This limited liab	oility company was organized	under the laws of:	
<u>I</u> EL	omos	·	
	ument/registration number of	this limited liability com	pany is:
4. I, <i>AYA</i> (Print N	HL NAZ Jame of Person Resigning)	, hereby resign as a _	MANAGEL (Print Title)
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability compan	y has been notified of my
Signature of Res	igning Member, Managing M	lember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		