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| (Re | questor's Name) | | | | |
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| PICK-UP | ☐ WAIT | MAIL | | | |
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EXAMINER

COVER LETTER

| Division of Corporations | | |
|---|---|--|
| SUBJECT: RJ Harrier Hva (Name of Limited Li | ability Company) | |
| The enclosed member, managing member or manafiling. | ager resignation and fee(s) are submitted for | |
| Please return all correspondence concerning this n | natter to: | |
| ABBADT, MUHANNAD (Contact Person) | | |
| RJ Harrier HVAC L (Firm/Company) | LC | |
| 5409 Callalilly Cour | Ae - | 7 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) |
| Kissinnee FL 34758 (City/State and Zip Code) | PHIZ: | を開いています。 では、1000年 1 |
| For further information concerning this matter, ple | ease call: | |
| Muhanad Abbadi at ((Name of Contact Person) (A | Area Code & Daytime Telephone Number) | |
| Enclosed please find a check made payable to the \$25 Filing Fee | Florida Department of State for: \$55 Filing Fee & Certified Copy | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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

| | | s it appears on the records of | |
|---|---|--|---------------|
| | oility company was organize | | |
| | ument/registration number o | of this limited liability compa | iny is: |
| of this limited lia resignation in w | <i>lame of Person Resigning)</i> bility com p any and affirm tl | , hereby resign as a he limited liability company Member or Manager | (Print Title) |
| Filing Fee: | \$25.00 (Required) \$30.00 (Optional) | | 11 JUN 2 |