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(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nar	me)
(Docu	ıment Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

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Diedriter Diedriter

COVER LETTER

TO: Registration Section Division of Corporations

Peter Prince Aviation Center 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:

Jean Pratt
(Contact Person)
Personal Representative of the Estate of William T. Smathers
(Firm/Company)
60 Crosstree Drive
(Address)
Hilton Head, SC 29926

For further information concerning this matter, please call:

(City/State and Zip Code)

Jean Pratt

(Name of Contact Person)

at (708) 363-5545

(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 & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

13 MAY 28 PM 4:00

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		t appears on the records of the Florida Department r LLC (formerly Milton Aviation Partners)
2. This limited liab	ility company was organized	under the laws of:
The State o	f Florida	.
3. The Florida doc <u>L10000096</u>	-	this limited liability company is:
4. I, William T. Smathers		, hereby resign as a Manager (Print Title)
(Print Name of Person Resigning)		(Print Title)
of this limited lia resignation in wr		limited liability company has been notified of my
William T.S. Signature of Res	mothers by Junifrat igning Member, Managing M	Thersonal Representative of the Estate of ember or Manager William T. Smathers
Filing Fee:	\$25.00 (Required)	
Certified Conv	\$30.00 (Optional)	