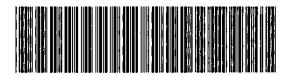
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D. BRUCE

SEP 19 2011

EXAMINER

COVER LETTER

Registration Section

CR2E079 (5/06)

Division of Corporations			
SUBJECT: AIRPORT PARKING RESERVE L (Name of Limited Liability Con		_	
(Name of Limited Liability Con	npany)		
The enclosed member, managing member or manager resig filing.	nation and fee(s) are submitte	ed for	
Please return all correspondence concerning this matter to:			
EMRE BUYUKSARAC			
(Contact Person)	_		
AIRPORT PARKING RESERVE LLC			
(Firm/Company)	-		
1771 AIRPORT RD	_	-	
(Address)	Ä	台 =	
JACKSONVILLE, FL 32218	AHA	438	****
(City/State and Zip Code)	- ; :: SS EN	48.4 9.1	Ī
For further information concerning this matter, please call:	ב, דננ	of ST	
EMRE BUYUKSARAC at 904	੍ਰ 382-9836	E Ch	
(Name of Contact Person) (Area Code	& Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida D \$\sum_{\subset}\$	Department of State for: 55 Filing Fee & Certified Copy		
Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as it PORT PARKING RES		the Florida Dep	partment	
2. This limited liabili FLORIDA	ty company was organized u	nder the laws of:	AHASSEE, FLO	SEP 16 THIS	7
3. The Florida docum L100001010	nent/registration number of the	is limited liability compa	LORIOA Iny is: OA	් යා ම	
4. I, SINAN TUR	KEL ne of Person Resigning)	_, hereby resign as a P	ARTNER (Print Title)		
•	ity company and affirm the l	imited liability company l	,	d of my	
Sina	un Türkel				
Signature of Resign	ning Member, Managing Mer	nber or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				