

L120000006942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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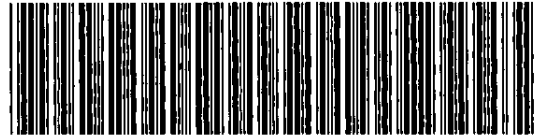
(Business Entity Name)

(Document Number)

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@ 6.17.14

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VERTICAL ACCESS HELICOPTERS LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** 212000006942

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL TERFEHR  
Name of Person

\_\_\_\_\_  
Name of Firm/Company

319 NORTH CRYSTAL LAKE DRIVE  
Address

ORLANDO, FL 32803  
City/State and Zip Code

9ERDUPTE@PRODIGY.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIGUEL VIAL at ( 407 ) 625-0531  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

MICHAEL L. TERFEHR, hereby resigns as  
Name of Registered Agent

Registered Agent for VERTICAL ACCESS HELICOPTERS, LLC  
Name of Limited Liability Company

2120000006942  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

[Signature]  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

### **FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
SECRETARY OF STATE  
14 JUN -5 PM 1:00