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(Red	questor's Name)				
(Address)					
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, auc	ness)				
(City	//State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Bus	siness Entity Nar	me)			
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Certified Copies	Certificates	s of Status			
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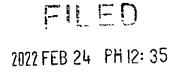
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TO:		stration Section			•
	Divis	sion of Corporations			
SUBJE	ECT:	DIAMOND AIR DESIGN LLC			
		(Name of I.	imited	Liability (Company)
The en	closed	I member, resignation or disso	ociatio	on and fe	ee(s) are submitted for filing.
Please	return	all correspondence concerning	ig this	s matter (to:
DARRE	LL BL	ANCHARD			
		(Contact Person)			
DIAMO	ND AI	R DESIGN			
		(Firm/Company)			
200 TER	RRY DI	R			
		(Address)			
PENSAC	COLA	FL 32503			
		(City/State and Zip Code)		_	
For furt	ther in	formation concerning this ma	itter, p	olease ca	all:
DARRE	LL BL.	ANCHARD	at	850 (748-1066
	(Na	ame of Contact Person)		(Area Co	ode & Daytime Telephone Number)
		ase find a check made payable			
\$25	Filing	Fee		l \$55 Fili	ling Fee & Certified Copy
-		g Address: tration Section			Street Address: Registration Section
	_	on of Corporations			Division of Corporations
		Box 6327			The Centre of Tallahassee
•	Tallah	nassee, FL 32314			2415 N. Monroe Street, Suite 810
					Tallahassee, FL 32303

CR2E079 (2/14)





SECRETARY OF STATE

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

		as it appears on the records of the Florida Department
		assigned to this limited liability company is:
3. The date this mo	ember/manager withdrew/re	esigned or will withdraw/resign is:
4. I, ALAN B DIAMOND (Print Name of Person Resigning)		, hereby withdraw/resign as a
MEMBER	tame of t erson resigning)	
	(Print Title)	
of this limited lia resignation in wr	iting.	the limited liability company has been notified of my
Signature of D	issociating Member or Resi	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	