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COVER LETTER

AIRA L.L.C. Name of Limited Liability Company DOCUMENT NUMBER: L22000342734 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: United States Corporation Agents, Inc. Name of Person Legalzoom.com, Inc. Name of Firm/Company 9900 Spectrum Dr. Address Austin, TX 78717 City/State and Zip Code raresignations@legalzoom.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Name of Person

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

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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Pursuant to the provis	sions of section 605.0115, Florida Statutes, the unders	igned,	
United States Corporation Agents, Inc.		nereby resigns as	
	Name of Registered Agent	release to	
Registered Agent for	AIRA L.L.C.		
	Name of Limited Liability Company	 ,	
L22000342734			
Document	Number, if known		
A copy of this resigna	ation was mailed to the above listed limited liability co	ompany at its last known address.	
The agency is termina	ated and the office discontinued on the 31st day after t	he date on which this statement is filed.	
	Signature of Resigning Agent	and the second s	T
If signing on behalf of an entity:			
	Cheyenne Moseley	Sign Ar I	
	Typed or Printed Name	1ts, Inc.	
	Asst. Secretary for United States Corporation Ager	its, Inc.	
	Capacity		

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company \$ 85.00 \$ 25.00

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