M03000002603

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
,				

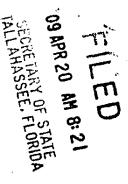
Office Use Only



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RAPLESIGN TLEWIS 4-22-09



COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Aircraft Service LLC (Name of Limited DOCUMENT NUMBER: M03000002603	Liability Company)
The enclosed Resignation of Registered Agent for a for filing.	Limited Liability Company and fee are submitted
Please return all correspondence concerning this ma	atter to the following:
Wesley L. Burnham, Jr. (Name of Person)	
(Name of Firm/Company)	
10010 Hutchison Blvd. (Address)	
Panama City Beach, FL 32407 (City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
Barbara Stokesbary at (Name of Person)	Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Deliability company or \$25.00 for an administratively limited liability company.	epartment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

ruisuani to the provisions	s of section 606.416(2) of 606.50	9, Florida Statules, the unders	igneu,
Wesley L. Burnh	ıam, Jr.	, hereby resign	is as
((Name of Registered Agent)	, ,	10 3 1
Registered Agent for Ai	rcraft Service LLC		THE OF IT
			Et Or
	(Name of Limited Liability	Company)	100 mg
M03000002603			A STATE OF THE PARTY OF THE PAR
(Document Number	r, if known)		
A copy of this resignation	n was mailed to the above listed l	imited liability company at its	last known address.
The agency is terminated If signing on behalf of an	entity:	Resigning Agent) BURNAMA	
-	(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\$ 25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company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