M0500000942

(Re	questor's Name)			
(Add	dress)			
- (Add	dress)	,		
. (City	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bus	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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resignation

SECRETARY. OF STATE DIVISION OF CORPORATIONS

Blibole

TRANSMITTAL LETTER

SUBJECT: ASCENT AEROSPACE FASTENERS, LLC (Name of Limited Liability Company)		
DOCUMENT NUMBER: M05000000942		
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:		
RHONDA MAYBIN		
(Name of Person)		
CAPITOL CORPORATE SERVICES, INC.		
(Name of Firm/Company)		
P.O. Box 1831		
(Address)		
Austin, TX 78767		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
RHONDA MAYBIN (Name of Person) at (800) 345-4647 (Area Code & Daytime Telephone Number)		
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399		

INHS17(11/02)

TO:

Amendment Section Division of Corporations

Capitol Corporate Services, Inc.
P.O. Box 1831 Austin, TX 78767
800/345-4647



August 1, 2006

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: ASCENT AEROSPACE FASTENERS, LLC

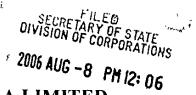
Dear Filing Officer:

Enclosed please find a Resignation of Registered Agent filing form for the above referenced name, which is to be filed in your office at your earliest convenience. Enclosed is check # 11494 in the amount of \$85.00 for the filing fee. Once filed, please return the filed-stamped copy in the self-addressed envelope. If you have any questions please contact the undersigned at (800) 345-4647.

Sincerely,

Rhonda Maybin

Enclosures



RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 608	.416(2) or 608.509, Florida S	tatutes, the undersigned,
CAPITOL CORP	ORATE SERVI	CES, INC.	, hereby resigns as
	(Name of Registere	d Agent)	, ,
Registered Agent for _	ASCENT AER	OSPACE FASTENERS	, LLC
	(Name o	of Limited Liability Company)	
M05000000942			
(Document Nu	mber, if known)	<u></u>	
A copy of this resigna	tion was mailed to	the above listed limited liabil	ity company at its last known address.
The agency is terminal	ted and the office d	liscontinued on the 31st day a	after the date on which this statement is filed.
	Chlery	Albus (Signature of Resigning Agent)	<u> </u>
If signing on behalf of	an entity:		
	Cheryl Robe	erts	
	President	(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