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| _ Certificates                          | of Status  |  |  |
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### **COVER LETTER**

| CAROT TRACAL CAR/AVION ACQUIRITION I.I.C   |
|--|
| SUBJECT: CABOT TRAFALGAR/AVION ACQUISITION LLC  Name of Limited Liability Company                              |
| DOCUMENT NUMBER: M0500006066   |
| 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:                                      |
| Tiffany Roth   |
| Name of Person   |
| National Corporate Research, Ltd.  |
| Name of Firm/Company   |
| 615 S Dupont Hwy Address   |
| Dover, DE 19901 City/State and Zip Code  |
| changes@nationalcorp.com E-mail address: (to be used for future annual report notification)                    |
| For further information concerning this matter, please call:   |
| Tiffany Roth at ( 866 ) 621-3524  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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO:

Amendment Section Division of Corporations

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

## **ŘESIGNATION OF REGISTERED AGENT FOR A LIMITED** LIABILITY COMPANY

| Pursuant to the provisions o  | f section 608.416(2) or 608.509, Florida Statutes, the undersi    | gned,  |
|-------------------------------|---|--|
| National C                    | orporate Research, Ltd. , hereby resign:                          | 5 25   |
|                               | me of Registered Agent  | , de   |
| Registered Agent for          | CABOT TRAFALGAR/AVION ACQUISITION                                 | N LLC  |
|                               | Name of Limited Liability Company                                 | ,  |
| M0500000                      |   |  |
| Document Number               | r, if known   |  |
| A copy of this resignation w  | vas mailed to the above listed limited liability company at its l | ast known address.   |
| The agency is terminated an   | d the office discontinued on the 31st day after the date on wh    | nich this statement is filed.  |
| If signing on behalf of an er | Signature of Resigning Agent                                      | SEGNETAL THE SECOND SEC |
|                               | Florence Spelzhausen  | 24 意思  |
|                               | Typed or Printed Name   | न सिंद्रां   |
|                               | Assistant Secretary   |  |
|                               | Capacity  | <b>'X</b> 33 0   |

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