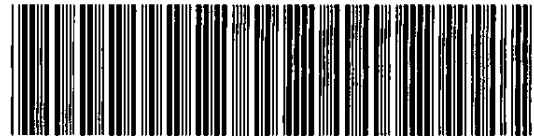


MD600000007080



600200347366

05/06/11--01038--030 **195.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY - 6 AM 9:24

RH/RES
@ 5/13/11

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

LEFKOWITZ, SHAW & SENTNER

ATTORNEYS AND COUNSELORS AT LAW

IVAN M. LEFKOWITZ*
THOMAS C. SHAW**
KEVIN A. SENTNER**

430 NORTH MILLS AVENUE, SUITE 4
ORLANDO, FLORIDA 32803

TELEPHONE (407) 425-1974
FACSIMILE (407) 425-1981
WEBSITE: ORLANDOLAW.ORG

* BOARD CERTIFIED IN TAXATION AND
MASTER OF LAWS IN ESTATE PLANNING
** BOARD CERTIFIED IN WILLS, TRUSTS, ESTATES

May 4, 2011

Attn: Corporations Division
Secretary of State
Bureau of Corporate Records
Post Office Box 6327
Tallahassee, Florida 32314

Re: Goldcrest Holdings, L.L.C.
Bentley Aviation, L.L.C.
Orlando-Apopka Airport FBO, L.L.C.

Dear Sir or Madam:

Enclosed please find Resignation fo Registered Agent for a Limited Liability Company Forms for each of the above referenced entities.

A check is also enclosed in the total amount of \$195.00 to cover the \$85.00 filing fee for Goldcrest Holdings, L.L.C., the \$85.00 filing fee for Bentley Aviation, L.L.C., and the \$25.00 filing fee for Orlando-Apopka Airport FBO, L.L.C.

Very truly yours,



Thomas C. Shaw

TCS:glg
Enclosures
cc: Mr. Wayne Bentley (w/encl)

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Ivan M. Lefkowitz, Esq.

Name of Registered Agent

, hereby resigns as

Registered Agent for Goldcrest Holdings, L.L.C.

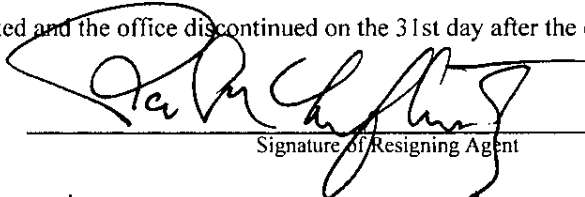
Name of Limited Liability Company

M06000007080

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY -6 AM 9:24