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(R	equestor's Name)	
(Ad	ddress)	
; (Ac	ddress)	
(Ci	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	me)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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D. BRUCE

ROV 18 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 6RUNW Jets, UC (Name of Foreign Limited Liability Company)	
(Name of Foreign Limited Liaonity Company)	
Dear Sir or Madam:	
The enclosed withdrawal and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Seth Coblem 2- Esa.	
(Name of Person)	
(Firm/Company)	-i - 0
1900 N. Bayshone Drive - Surte 2919	E NOV
1900 N. Bayshone Drive - Surte 2919 MAMI - GURING 33132	FILED NOV 17 PM 12: 1 RETARY OF STAT LAHASSEE, FLOR
(City/State and Zip Code)	7 A TI
For further information concerning this matter, please call:	۵ استو
Seth Cobsent 2 at (786), 853-9702	
(Name of Person) (Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301	
Enclosed is a check for the following amount:	
\$25 Filing Fee \$30 Filing Fee & \$55 Filing Fee & \$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy	:



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as	it appears on the records of the Florida Department
_	ility company was organized	
	ument/registration number o	`this limited liability company is:
4. I, Lonf	Md Muflumti Jame of Person Resigning)	, hereby resign as a MAMAMA MEMBER (Print Title)
resignation in wr	iting	e limited liability company has been notified of my
Signature of Resi	gning Member, Managing N	ember or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	08 NOV 17 SECRETARY TALLAHASSEE

CR2E079 (5/06)