

(Re	equestor's Name))	
· (Ac	ddress)		
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(Ci	ty/State/Zip/Phon	ne #)	
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. (Bı	usiness Entity Na	me)	
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212 894 8940 tel 212 590 9180 fax www.ctiegalsolutions.com

September 3, 2010

RE: FONTAINEBLEAU LAS VEGAS HOLDINGS, LLC. (NV. DOM.) KAZ AVIATION ORLANDO, LLC. (DE. DOM.0

Department of State
Division of Corporations
Clifton Building
261 Executive Center Circle
Tallahassee, Florida 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is 1_check in the amount 170.00 to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self- address envelope.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA:If Enclosure

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provisi	ions of section 608.416(2) or 608.509, Florida Statute	s, the undersigned
C T CORPORATIO	N SYSTEM	nereby resigns as
	(Name of Registered Agent)	是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
Registered Agent for	FONTAINEBLEAU LAS VEGAS HOLDINGS, L	LC. (NV. DOM.)
		() () () () () () () () () ()
	(Name of Limited Liability Company)	TO T
M0900002	222 :1	
(Document Nu	umber, if known)	
	tion was mailed to the above listed limited liability co	•
The agency is termina	ted and the office discontinued on the 31st day after the state of Resigning Agent)	ne date on which this statement is fried.
If signing on behalf of	an entity:	
	C T CORPORATION SYSTEM - Theresa Alfie	ri
	(Typed or Printed Name) ASSISTANT SECRETARY	

(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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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