

PO0000070606

Requester's Name

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West Palm Beach, FL 33406 Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

FILED  
OCT-3 AM 11:54  
SECRETARY OF STATE  
TREASURER OF FLORIDA

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8/10 Res  
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10-8  
②

Examiner's Initials

**OFFICER / DIRECTOR RESIGNATION**

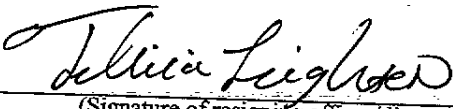
**FILED**  
01 OCT - 3 AM 11:54  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

I, **Felicia Leighton**, hereby resign as **Director**  
(Title)

of **Constellation Aircraft Sales & Leasing, Inc.**  
(Name of Corporation)

a corporation organized under the laws of the State of **Florida**

and affirm that the corporation has been notified in writing of the resignation.

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

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