P00000087695

(Re	equestor's Name)		
	د		
	•		
(Ad	dress)		
(,		
10.0	ldress)		
(AC	iuress)		
(Cit	ty/State/Zip/Phone	e #)	
	<u> </u>	Г Э	
PICK-UP	TIAW	MAIL	
(Bu	siness Entity Nan	ne)	
(osilooo milaay itali	,	
· (Da			
(DO	cument Number)		
•			
Certified Copies	Certificates of Status		
S 111 1 11 1			
Special Instructions to	Filing Officer:	1	
]	
		•	
	·		

Office Use Only



900048850199

04/01/05--01036--010 **157.50

OS APR - I AM IO: 47
SECRETARY OF STATE



TRANSMITTAL LETTER

Division of Corporations
SUBJECT: THOROUGHBRED AVIATION, INC. (Name of Corporation)
DOCUMENT NUMBER: P00000087695
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Beverly A. Morris (Name of Person)
Beverly A. Morris P.L. (Name of Firm/Company)
808 SE Ft. King Street (Address)
Ocala, Florida 34471 (City/State and Zip Code)
For further information concerning this matter, please call:
Beverly A. Morris at (352) 369-1300 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporatio or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1	509,	
Florida Statutes, the undersigned, Jimothy A. Fischer (Name of Registered Agent)		-
hereby resigns as Registered Agent for Thoroughbred Aviation (Name of Corporation)	on, Iu	١٤٠
P00000087695 (Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last know	vn address.	
The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed.	n which	
Time Hard Solution (Signature of Regigning Agent)		
If signing on behalf of an entity:		
(Typed or Printed Name)	SECRETA TALLAHA	2 2 2 2 3 3 4 4 7
(Capacity)	ARY OF STA	
Fee for filing this document: \$87.50 - Active corporation	TAIL.	•

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

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/