## P01000035990

. (Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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04/23/10--01012--001 \*\*560.00



RA. Resegn C.COULLIETTE

APR 2 6 2010

**EXAMINER** 

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: INTERNATIONAL AVIATION HOLDING SYSTEMS (Name of Corporation)

DOCUMENT NUMBER: <u>POLOOO3599()</u>

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:

INDIRA DMANA
(Name of Person)

ULTRA AVIATION SERVICES
(Name of Firm/Company)

P.D. Box 996548

MIAMI, FL 33299 (City/State and Zip Code)

For further information concerning this matter, please call:

INDIRA DMANA at (305) 876-0091 (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

**Mailing Address:** 

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, RAUL R. DUBE (Name of Registered Agent)
hereby resigns as Registered Agent for INTERNATIONAL AVIATION HOLDI (Name of Corporation) SYSTEMS, I
P010000 35990 (Document Number, if known)
A copy of this resignation was mailed to the above listed corporation 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)
(Typed of Filmled Name)
SSE 23
(Capacity)
Fee for filing this document:

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withdrawn corporation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/

\$87.50 - Active corporation