902000071049

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500066648385

H2.7579 HD40 001 **97.58



RA fisign/sie

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: PALIN AIR PREVENTIVE MAINTENANCE Inc. (Name of Corporation)
DOCUMENT NUMBER: PO200071049
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:
ALNOUD GOLDIN (Name of Person)
ARNOLD S GOLDINT ASSOCIATES Inc. (Name of Firm/Company)
5030 Champin Blod # 6-6231 (Address)
Proces RATEN TO 33496 (City/State and Zip Code)
For further information concerning this matter, please call:
Aleno D & D/N at (561) 994-5810 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 617.150	9,		
Florida Statutes, the undersigned, ARNOLD S. GOLDIN (Name of Registered Agent)			
	1		
hereby resigns as Registered Agent for PALM AIR PREVENTIVE Mountena (Name of Corporation)	MCE 1	ņc.	
P020 000 71049			
(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 this statement is filed.	which		
× (Signature of Resigning Agent)	$\overline{\mathbf{A}}_{U}$	_	
(Signature of Resigning Agent)		39(
If signing on behalf of an entity:	7.5	06 FEB 28	_
	RY		FILED
(Typed or Printed Name)	T S		Ö
(Types of Times Times	<u> </u>	1: 50	
	A	0	
(Capacity)			

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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