P03000043252

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: Florida Air Share, Inc. (Name of Corporation) |
| DOCUMENT NUMBER: P0300043252 |
| 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: |
| Sommer Veffries (Name of Person) |
| Florida Air Share/Inc. (Name of Firm/Company) |
| 200 Aviation Dr #1 (Address) |
| Naples, FL 34104 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Rudi Dekkers at (239) 229-7433 (Name of Person) at (239) 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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 | .1509, |
|--|-----------------------|
| Florida Statutes, the undersigned, Publi Dekker (Name of Registered Agent) | <u>S</u> |
| hereby resigns as Registered Agent for Florida Air Sh (Name of Corporation) | iare/lnc |
| P03000043252 (Document Number, if known) | |
| A copy of this resignation was mailed to the above listed corporation at its last known | own address. |
| The agency is terminated and the office discontinued on the 31st day after the date this statement is filed. | |
| (Specialize of Resigning Agent) | F L O4 AUG -5 |
| If signing on behalf of an entity: | -5 A MRY OF SSEE. J |
| Rudi Dekkers (Typed or Printed Name) | H 8: 21 STATE FLORIDG |
| | |
| (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