783000070928

(Re	equestor's Name)	
(Ad	ldress)	
, (Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL .
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(Do	cument Number)	. ;
Certified Copies	_ Certificates	s of Status;
Special Instructions to	Filing Officer:	,
	 	

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FEBRETARY OF STATE

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJI	ECT: Admiral Air of Florida, Inc. (Name of Corporation)
DOCU	JMENT NUMBER: P03000070928
The en	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Debo	orah J. Sheets
	(Name of Person)
Admi	iral Air of Florida, Inc.
	(Name of Firm/Company)
565 H	Henderson Road
	(Address)
Jacks	sonville, FL 32254
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
Debo	(Name of Person) at (904) 908-5252 (Area Code & Daytime Telephone Number)

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

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Tallahassee, FL 32314

ZOIDMAR - 1 AM 8: 00
SECRETARY OF STATE

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	s 607.0502(2), 617.0502(2), 607.1509, or 617	'.1509,
Florida Statutes, the undersigned, _	Don H. Lester	
	(Name of Registered Agent)	
hereby resigns as Registered Agent 1	or Admiral Air of Florida, Inc.	_
neroby resigns as registered regent i	(Name of Corporation)	,
P03000070928		
(Document Number, if known)		
A copy of this resignation was maile	ed to the above listed corporation at its last known	own address.
The agency is terminated and the off this statement is filed.	fice discontinued on the 31st day after the date	on which
<u> </u>	a Ab	
	(Signature of Resigning Agent)	
If signing on behalf of an entity:		2010 MAR
Don H. Lester		HAR
	(Typed or Printed Name)	10 × 10
		Po B M
		8
	(Capacity)	S R

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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