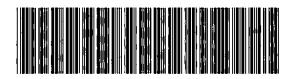
(Requestor's Name)									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT. SOUTHINEST FLORING QUIATION TRITEPHATIONIAL TRIC									
SUBJECT: SOUTHWEST FLORIDA AVIATION INTERNATIONAL, INC. (Name of Corporation)									
DOCUMENT NUMBER: P05000047755									
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.									
Please return all correspondence concerning this matter to the following:									
JAMIE R. HILL (Name of Person)									
SOUTHWEST FLORIDA AVIATION INTL, INC. (Name of Firm/Company)									
28000 AT AIRPORT RD. BLDG 101 (Address)									
PUNTA GOEDA, F1. 33782 (City/State and Zip Code)									
For further information concerning this matter, please call:									
KIHBERLY A. GUENTHER at (941) (637-1161) (Area Code & Daytime Telephone Number)									
Enclosed is a check for \$35.00 made payable to the Florida Department of State.									

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, _	Kim	۲.	HILL	, hereby resig	gn as	SECRETI TREASUR	ER	_
						(1	itle)	
of_	SOUTHLE	VEST	FLORIDA (Name of Co	AUIATION rporation)	IN 7 6	<u>ENATÌON F</u>	AL, INC.	
Po	50000 47 (Document N	755 Jumber, if	, a c	corporation organiz	ed under	the laws of the	e State of	
	FLORIS	SA					2009 Y SE(
	•						2009 HAY 11 SECRETAR TALLAHAS	
			11		11		PH 3	
			(Signati	ure of resigning officer	/director)		ORIGINAL SE)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314