## P05000100620

(Ke	equestor's Name)		
(Ad	dress)		
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(Cit	y/State/Zip/Phon	e #)	
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Certified Copies Certificates of Status			
Special Instructions to	Filing Officer:		
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## **COVER LETTER**

TO: Amendment Section	
Division of Corporations	
SUBJECT: Eagle Air Pros, Inc.	
(Name of Corporation)	
DOCUMENT NUMBER: P050000100620	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for it	iling.
Please return all correspondence concerning this matter to the following:	
James T. Schatt	
(Name of Person)	
The Schatt Law Firm	
(Name of Firm/Company)	
P.O. Box 4440	
(Address)	
Ocala, FL 34478	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
James T. Schatt at (352) 342-0050 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 pr	ovisions of sections 60	07.0502(2), 617.0502(2), 607.1509, or 617.	1509,
Florida Statutes, t	he undersigned,Jai	mes T. Schatt	
ŕ	<u> </u>	(Name of Registered Agent)	
hereby resigns as	Registered Agent for	Eagle Air Pros, Inc.	,
	<b>-</b>	(Name of Corporation)	
P05000100620	)		
(Document	Number, if known)	<del>_</del>	
A copy of this res	ignation was mailed to	o the above listed corporation at its last kno	wn address.
The agency is territhis statement is f		discontinued on the 31st day after the date	on which
	1 1	gnature of Resigning Agent)	
•	(30)	gnature of Resigning Agenty	
If signing on beha	of an entity:		
	James T. Schatt		OB TAL
	(	Typed or Printed Name)	CREI
	Registered Agent		B 18 B 18 ASSEI
		(Capacity)	PH 3 41  OF STATE  FLORIDA

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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