

P06060131439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

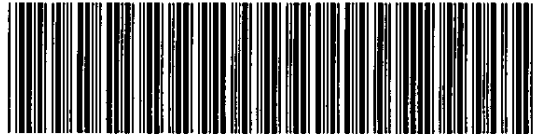
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Erin Murphy
2/26/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Crooked Island Aviation, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P06000131439

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Coy O. McDonald, III
(Name of Contact Person)

Crooked Island Aviation, Inc.
(Firm/Company)

1871 Melrose Plantation Drive
(Address)

Jacksonville, FL 32223
(City/State and Zip Code)

For further information concerning this matter, please call:

Coy O. McDonald, III at (904) 292-0344
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

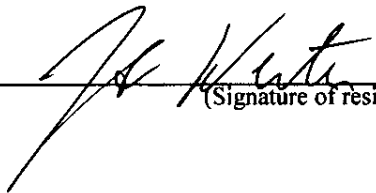
Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, James S. Wenter, hereby resign as V.P., Treasurer + Registered Agent,
(Title)

of Crooked Island Aviation, Inc.,
(Name of Corporation)

PO6000131439, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.


(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

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