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(Requestor's Name) (Address) (Address)	000156882520		
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	06/09/0901022010 **35.00		
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	2009 JUN -9 AH II: 30 SECHETARY OF STATE TALLAHASSEE, FLORIDA		

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: YELLOW AIR TAXI INC. (Name of Corporation)	
DOCUMENT NUMBER: P07000113601	
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:	
Mary Jo Spalinger	
(Name of Person)	
BUSINESS FILINGS INCORPORATED	
(Name of Firm/Company)	
8040 Excelsior Drive #200	
(Address)	
Madison, WI 53717	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Mary Jo Spalinger at (608) 827-5300 x254 (Area Code & Daytime Telephone Number)	
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corp or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.	oration

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 6	07.0502(2), 617.0502(2), 607.1509, or 6	17.1509,	
Florida Statutes, the undersigned, BUSINESS FILINGS INCORPORATED				
•		(Name of Registered Agent)		
hereby resigns as	Registered Agent for	YELLOW AIR TAXI INC.		
	8	(Name of Corporation)	,	
P07000113601	1			
(Document	Number, if known)			
A copy of this res	ignation was mailed to	o the above listed corporation at its last k	nown address.	
The agency is terr this statement is f		discontinued on the 31st day after the da	ate on which	
	W av (Si	gnature of Resigning Agent)	_	
If signing on beha	alf of an entity:			
	Mary Jo Spalinge		2009 . SEC	مين د اد
	(Typed or Printed Name)	至 星	The second se
	Asst. Sec for Busi	ness Filings Incorporated	-9 AM	
		(Capacity)	AM II: 30 PE, FLORID	

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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