

PD9000057479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600171971086

03/23/10--01013--029 \*\*35.00

10 MAR 23 AM 9:25

RECEIVED  
TALAMASEE FLORIDA

OD/Res  
@ 3/24/10

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AIRCRAFT PART SUPPLIER CORPORATION  
(Name of Corporation)

**DOCUMENT NUMBER:** P09000057479

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

CECILIA ORLANDINI

(Name of Person)

AIRCRAFT PART SUPPLIER CORPORATION

(Name of Firm/Company)

18551 ATLANTIC BLVD

(Address)

SUNNY ISLES BEACH, FL 33160

(City/State and Zip Code)

For further information concerning this matter, please call:

CECILIA ORLANDINI

(Name of Person)

at ( 305 ) 926-4380

(Area Code & Daytime Telephone Number)

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

**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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, CECILIA ORLANDINI, hereby resign as PRESIDENT  
(Title)

of AIRCRAFT PART SUPPLIER CORPORATION,  
(Name of Corporation)

P09000057479, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA.



(Signature of resigning officer/director)

**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

RECEIVED BY FLORIDA  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
10 MAR 23 AM 9:25