

P10000012307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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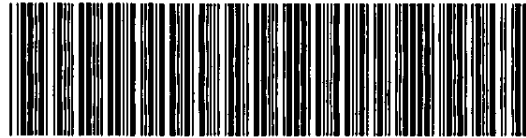
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32301

As
to Resignation

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SKYFLITE AVIATION, INC.
(Name of Corporation)

DOCUMENT NUMBER: P10000012307

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:

CONRAD S. KULATZ, ESQ.
(Name of Person)

(Name of Firm/Company)
633 SE 3rd AVE SUITE 4R
(Address)

FT. LAUDERDALE, FL 33301
(City/State and Zip Code)

For further information concerning this matter, please call:

BARBARA DAVIS at 954 527-0002
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 10, 2014

CONRAD S KULATZ, ESQ.
633 SE 3RD AVE., SUITE 4R
FT LAUDERDALE, FL 33301

SUBJECT: SKYFLITE AVIATION, INC.
Ref. Number: P10000012307

We have received your document for SKYFLITE AVIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed the wrong form for a resignation of registered agent. The form you completed is for an officer/director resignation. Please complete the attached form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 814A00023994

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TALLAHASSEE, FLORIDA

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14 NOV 20 PM 2:02
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, **CONRAD S. KULATZ, ESQ**

(Name of Registered Agent)

hereby resigns as Registered Agent for **SKYFLITE AVIATION. INC.**

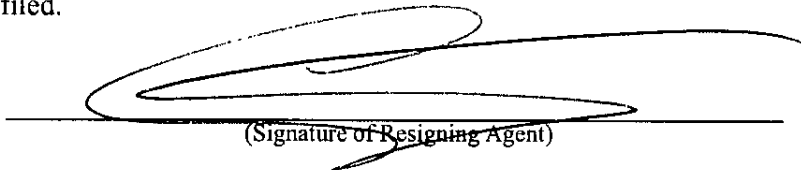
(Name of Corporation)

P10000012307

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

CONRAD S. KULATZ, ESQ

(Typed or Printed Name)

REGISTERED AGENT

(Capacity)

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SECRETARY OF STATE
TALLAHASSEE, 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**