## P110053588

(Re	equestor's Name)			
(Ac	idress)			
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(City/State/Zip/Phone #)				
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A. VVEHIE

## **COVER LETTER**

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	Amendment Section Division of Corporations		
SUBJE	<sub>сст:</sub> International Ser	vice Avia	tion Corp
		(Name of Corpora	tion)
DOCU	MENT NUMBER: P11000053	588	<del></del>
The end	closed Resignation of Registered A	gent for a Corpor	ration and fee are submitted for fi
Please	return all correspondence concernir	ng this matter to t	he following:
Yes	it J campo		
	(Name of Person)		_
Yes	it J Campo, cpa, LL	_C	
	(Name of Firm/Company)		-
830	0 NW 53 Street Sui	ite 108	
	(Address)		_
Dora	al, FL 33166		
	(City/State and Zip Code)		_
For fur	ther information concerning this ma	atter, please call:	
Yes	it J Campo	<sub>at (</sub> 305	593-2003 & Daytime Telephone Number)
	(Name of Person)	(Area Cod	& 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 provisions of sections 607.0502(2), 617.0502(2), 607.1509	, or 617.1509,
Florida Statutes, the undersigned, Yesit J Campo	
(Name of Registered Age	nt)
hereby resigns as Registered Agent for International Service Aviation	on corp
(Name of Corporation)	<del></del>
P11000053588	
(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 this statement is filed.  Signature of Resigning Agent	the date on which
If signing on behalf of an entity:  (Typed or Printed Name)	FILE PH  SECRETARY OF ALL AHASSITY
(Capacity)	H 8: 51

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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