

P120000001117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

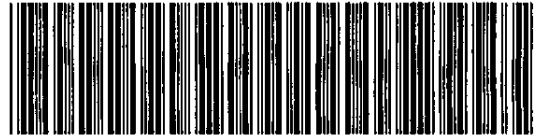
(Business Entity Name)

(Document Number)

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*Resignation  
of Officer*

FILED  
2014 MAR 10 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*DR  
3/11/14*

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Resignation of officer

(Name of Corporation)

**DOCUMENT NUMBER:** P12000001117

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Marie Price**

(Name of Person)

**Air Solutions USA, Inc**

(Name of Firm/Company)

**3225 Bay Street**

(Address)

**Gulf Breeze, Florida 32563**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Marie Price**

(Name of Person)

at ( **850** ) **393-6791**

(Area Code & Daytime Telephone Number)

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

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**

**2014 MAR 10 PM 3:08**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

I, **Marie Price**, hereby resign as **Officer**  
(Title)

of **Air Solutions USA, Inc.**  
(Name of Corporation)

**P12000001117**, 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