

| (Req | uestor's Name) | |
|---|-----------------|-------------|
| (Add | ress) | |
| (Ädd | ress) | |
| (City | /State/Zip/Phon | e #) |
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| (Bus | iness Entity Na | me) |
| (Document Number) | | |
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10 JUL -5 AM 5: 56

R. WHITE JUL 0**9** 2018

COVER LETTER

| TO: Amendment Section Division of Corporations | |
|---|-------------|
| SUBJECT: NEW TEK AVIATION SERVICES, INC | |
| (Name of Corporation) | _ |
| DOCUMENT NUMBER: P14000085675 | |
| 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: | |
| | |
| Calvin B. Brown | |
| (Name of Person) | |
| Collins, Brown, Barkett, Garavaglia & Lawn, Chartered | |
| (Name of Firm/Company) | |
| 756 Beachland Blvd. | |
| (Address) | |
| Vero Beach, FL 32963 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| Calvin B. Brown at (772) 231-4343 (Name of Person) (Area Code & Daytime Telephone Numb | er) |
| (Name of Person) (Area Code & Daytime Telephone Numb | ci j |

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

18 JUL -5 AM 5: 58

RESIGNATION OF REGISTERED AGENT (STATE FOR A CORPORATION TALL AND THE FLORIBA

| Pursuant to the provisions of sections 607. | 0502(2), 617.0502(2), 607.1509, or 617.1509, |
|---|---|
| Florida Statutes, the undersigned, | Janet Carney Croom, P.A. |
| | (Name of Registered Agent) |
| hereby resigns as Registered Agent for | NEW TEK AVIATION SERVICES, INC. |
| | (Name of Corporation) |
| P14000085675 | |
| (Document Number, if known) | |
| A copy of this resignation was mailed to the | ne above listed corporation at its last known address. |
| The agency is terminated and the office disthis statement is filed. | scontinued on the 31st day after the date on which |
| (Signa | ture of Resigning Agent) |
| If signing on behalf of an entity: | |
| Janet CAM | ped or Printed Name) P.A. |
| Pats | (Capacity) |
| | (Capacity) |
| Fee for filing t | |
| \$87,50 - Active | c Corporation histratively dissolved/voluntarily dissolved/ |
| | rawn corporation 6-19-15 |
| | 6-11-13 |

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314