P9400072101

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT M	AIL .			
(Business Entity Name)				
(Document Number)				
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Secribian OF STATE TALLAHASSEE FLORIDA

TALLAHASSEE FLORIDA

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COVER LETTER

Amendment Section Division of Corporations TO:

SUBJECT:	SOUTH FLORIDA AIRCRAFT LEASING, INC.			
	(Name of Corporation)			
DOCUMENT NUI	MBER: P94000072101			
The enclosed Office	er/Director Resignation for a Corporation and fee are submitted for filing			
Please return all cor	respondence concerning this matter to the following:			
	JAMES MULLENS			
	(Name of Person)			
SOUTH FLORID	A AIRCRAFT LEASING, INC.			
. (Name of Firm/Company)			
4280 NW 147TH	TERRACE			
	(Address)			
OPA LOCKA, FL	. 33054			
(City/State and Zip Code)			
For further informa	tion concerning this matter, please call:			
JAMES MULLEN	at (214) 546 3157 me of Person) (Area Code & Daytime Telephone Number)			
4 , 4 , 4				

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

FILED

06 OCT 30 AM 10: 00

SEUNETANT OF STATE
TALLAHASSEE, FLORIDA

, JAMES R. MILLER		hereby resign as VP,	, hereby resign as VP, S, T	
*-		, notedy resign as	(Title)	
oſ	SOUTH FLORII	DA AIRCRAFT LEASING. INC.		
UI	(Nai	ne of Corporation)		
P94000072101		, a corporation organized under the laws of the State of		
(Documen	t 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