L9800000142

	(Requestor's Name)	
	(Address)	-
	(Address)	
	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL
	(Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of 9	Status
Special Instructions to Filing Officer:		
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COVER-LETTER

Registration Section Division of Corporations TO:

SUBJECT:	avis Boulevard Plaza, LLC		
_	(Name of Limi	ted Liability Com	pany)
The enclosed r	nember, resignation or dissocia	ation and fee(s)	are submitted for filing.
Please return a	Il correspondence concerning	his matter to:	
Jan Moore			
	(Contact Person)		•
Naples Place	Management		
	(Firm/Company)		· .
1900 A Suns	hine Blvd.		
	(Address)	*************************************	•
Naples, Fl. 3	1116		
	(City/State and Zip Code)		•
For further info	ormation concerning this matte	r, please call:	
Jan Moore		239	777-0973
(Nan	ne of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed pleas \$25 Filing F	e find a check made payable to ee		epartment of State for: Fee & Certified Copy
STREET/CO	URIER ADDRESS:		MAILING ADDRESS:

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314



April 11, 2014

JAN MOORE NAPLES PLACE MANAGEMENT 1900 A. SUNSHINE BLVD NAPLES, FL 34116

SUBJECT: 3625 POINSETTIA, L.C.

Ref. Number: L9800000142

We have received your document for 3625 POINSETTIA, L.C. and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have listed both members on the same form. Please complete the enclosed forms to reflect each resignation or dissociation.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 114A00007833





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited lia	bility company as it appears on the records of the Florida Department
of State is: <u>3625</u>	Poinsettia, LLC
2. The Florida document/regi	stration number assigned to this limited liability company is:
498000000	142
3. The date this member/man	ager withdrew/resigned or will withdraw/resign is: 0(-0/ - 20/4
4.1, Jan Meror Person	on Resigning), hereby withdraw/resign as a
Mew Dea (Prini Title)	
of this limited liability comresignation in writing.	pany and affirm the limited liability company has been notified of my
Jon	Joon
Signature of Dissociating	Member or Resigning Manager
5	(Required) (Optional)