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(Requ	estor's Name)			
· (Addre	ess)			
(Addre	ess)			
(City/S	State/Zip/Phon	e #)		
<u></u>				
PICK-UP	☐ WAIT	MAIL		
(Busin	ess Entity Nar	ne)		
(Docu	ment Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to Fili	ing Officer:			
	_			
A. LUNT				
	JUN 27 201	ng .		
EXAMINER				



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THE JUN 26 P 2: 59

SÉCRETARY OF STATE

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COVER LETTER

Division of Corporations	
SUBJECT: Chaven In (Name of Limi	vest ments LLC ted Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning	his matter to:
Brent E. Baris (Contact Person)	
Brent E Baris P.	ECRETA ELAHAS
P.O. Box 141653 (Address)	### 6
Gainesville, FL 326 (City/State and Zip Code)	514
For further information concerning this matte	r, please call:
Brent E. Baris (Name of Contact Person)	at (352) 375 - 4050 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

TO: Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

I. The name of the loof State is: Cha	imited liability company as a	it appears on the records	s of the Bonda Department	
2. This limited liabil Florida	ity company was organized	under the laws of:	P 2: 59 Y OF STATE FEE, FLORIDA:	1
3. The Florida docur L0500008	nent/registration number of 2560	this limited liability cor	npany is:	
of this limited liabi	me of Person Resigning) ility company and affirm the	, hereby resign as a	(Print Title) -	
resignation in writ	ning Member, Managing Member, Me	ember or Manager		
	\$25.00 (Required) \$30.00 (Optional)	-		