

L10000009702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

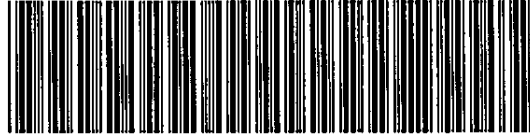
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/30/16--01018--013 \*\*25.00

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2016 MAR 30 P 5: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 31 2016  
D. BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AVAFI LLC  
\_\_\_\_\_  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Saul Mishkin  
\_\_\_\_\_  
(Contact Person)

AVAFI LLC  
\_\_\_\_\_  
(Firm/Company)

1922 Tigertail Blvd  
\_\_\_\_\_  
(Address)

Dania BEach FL 33004  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Saul MISHKIN at ( 954 ) 3170576  
\_\_\_\_\_  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:  
 \$25 Filing Fee  \$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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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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 liability company as it appears on the records of the Florida Department of State is: AVAFI LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L10000009702

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 03/28/16

4. I, ALAN BENENSON, hereby withdraw/resign as  
*(Print Name of Person Resigning)*  
Manager / Member  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

SEE ATTACHMENT

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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2016 MAR 30 P 5:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RESIGNATION

Gentlemen:

I, ALAN BENENSON, hereby tender my resignation as MANAGER of AVAFI, LLC, a Florida limited liability company, to take effect at the conclusion of the meeting of the MEMBERS and MANAGERS, at which this resignation is accepted.

DATED: 3/28, 2016



ALAN BENENSON

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA