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COVER LETTER .

TO: Registration Section Division of Corporations					
SUBJEC	T: AV Merca				
	(Name of I	Limited Liability Company)			
The enclo	osed member, resignation or diss	ociation and fee(s) are submitted for filing.			
Please re	turn all correspondence concerni	ng this matter to:			
	Melanie				
	Collinet Person)				
	The AV Mercantileany				
	(V(endationφ any)				
	4700 LB McLeod Rd,				
	St 2B (Address)				
	Orlando, FL				
	(248) tate and Zip Code)				
For furth	er information concerning this m	atter, please call:			
	Melanie	at (<u>407</u>) <u>850</u> (Area Code & Daytime Telephone Number)			
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed □ \$25 Fi	•	e to the Florida Department of State for: \$55 Filing Fee & Certified Copy			
R D P.	ailing Address: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			



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 lin	mited liability company as it a	appears on the records of the Fl	orida Dep	partment	
of State is: AV N	Mercantile,			·	
-20		ned to this limited liability con			
L200	0003165	 •			
3. The date this mem	ber/manager withdrew/resign	ed or will withdraw/resign is:	Novembe	er 3	
4.1. Alejano	dro erry erry Person Resigning)	, hereby withdraw/resign as a			
	lanag int Title)				
of this limited liabil resignation in writing	· ·	mited liability company has be	en notifie	d of my	
Mu E					
Signature of Diss	ociating Member or Resignin	g Manager		2020 050 -8	
Filing Fee: Certified Copy:				-8 PH 1:	