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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

то:	Registration Section Division of Corporations		
	LaVenture Enterprise, LLC		
SUBJ	ECT:		
	(Name of	Limited Liability Co	ompany)
The en	nclosed member, resignation or dis	sociation and fee	(s) are submitted for filing.
Please	return all correspondence concern	ing this matter to	×
LaVen	ne Williams		
	(Contact Person)	<u> </u>	_
LaVen	nture Enterprise, LLC		
	(Firm/Company)		_
2916 C	Oak Tree Lane		
	(Address)		_
Lakela	and, FLI. 33810		
	(City/State and Zip Code)		_
For fu	rther information concerning this r	natter, please call	! :
LaVen	ne Williams	888	902-1797
		at ()
	(Name of Contact Person)	(Area Cod	le & Daytime Telephone Number)
Enclos	sed please find a check made payal	ble to the Florida	Department of State for:
	5 Filing Fee		ng Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		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)

	limited liability company as enture Enterprise, LLC	s it appears on the records of the Florida Department
of State is:		·
2. The Florida doci 59-3721402	ument/registration number a	ssigned to this limited liability company is:
		3/3/2020
Lavanda Willian 4. I, Lavanda Willian (Prim N	ms da Williams Jame of Person Resigning)	igned or will withdraw/resign is:, hereby withdraw/resign as a
of this limited lia resignation in wr	bility company and affirm the	ne limited liability company has been notified of my
	issociating Member or Resig	ning Manager
	\$25.00 (Required) \$30.00 (Optional)	