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(Requestor's Name) (Address)				
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COVER LETTER

TO: Reg	gistration Section	
Div	vision of Corporations	
SUBJECT	Davie Road Downtown	n. LLC
		I Liability Company)
The enclos	sed member, resignation or dissociati	on and fee(s) are submitted for filing.
Please retu	ern all correspondence concerning th	is matter to:
Edgar	J. Woolslair	
	(Contact Person)	
Davie	Road Downtown, LLC	
	(Firm/Company)	
1335 Sc	outh Daytona Avenue	
	(Address)	
Flagler	Beach, FL 32136	
	(City/State and Zip Code)	
For further	information concerning this matter.	please call:
Jacquelin	e Y. Gonzalez	t (<u>954</u>) <u>224-9713</u>
•	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed p	please find a check made payable to (he Florida Department of State for:
∑ \$25 Fili	ing Fee	☐ \$55 Filing Fee & Certified Copy
<u>Ma</u>	iling Address:	Street Address:
	gistration Section	Registration Section
	vision of Corporations	Division of Corporations
), Box 6327 Jahanna El 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
rai	lahassee, FL 32314	Tallahassee, FL 32303

CR2E079 (2/14)



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 li	mited liability company as	it appears on the records of the Flo	orida Department
of State is:	AVIE ROAD DOWNTOW	VN LLC	·
	nent/registration number as	ssigned to this limited liability com	pany is:
3. The date this mem	ber/manager withdrew/res	igned or will withdraw/resign is: _	06/15/2020
4. I, Jacqueline Y (Print Nat	. Gonzalez me of Person Resigning)	, hereby withdraw/resign as a	ı
Member (I	Print Title)		
resignation in writ		ne limited liability company has be	en notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		2020 jim 24 PH 2:

CR2E079 (2/14)