

105000046380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

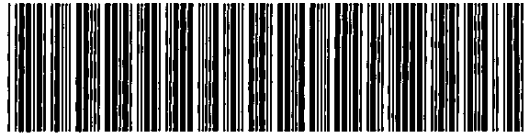
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800113240608

01/15/08--01025--005 \*\*55.00

FILED  
08 JAN 15 AM 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

GA Thomas JAN 16 2008

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DAVON, LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

DENNIS J. KLEIN

(Contact Person)

(Firm/Company)

1725 STARLIGHT DRIVE

(Address)

CLEARWATER, FL 33755

(City/State and Zip Code)

For further information concerning this matter, please call:

MERRY GLOVER-UHRINEK

(Name of Contact Person)

at ( 727 ) 787-5444

(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

FILED  
08 JAN 15 AM 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER  
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: DAVON, LLC

2. This limited liability company was organized under the laws of:  
FLORIDA

3. The Florida document/registration number of this limited liability company is:  
L05000046380

4. I, DAVID ABELOVE, hereby resign as a Chief Exec. Manager  
(Print Name of Person Resigning) (Print Title)

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

X   
Signature of Resigning Member, Managing Member or Manager

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

FILED  
08 JAN 15 AM 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA