L05000046390

(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:
J. HORNE AUG 18 AVA

Office Use Only



500434322315

08/08/24--01023--003 **25.00



419 Third Street North Jacksonville Benth, F1 32250 WaveCrestLegal.com Ph; (904) 595-5290 Fax: (904) 417-7561



Michael 4: Scheuble, Esq. Managing Attorney

Tiera L. Henry, Esq. Attorney

Adam J. Dugan, Esq. Of-Counsel

July 30, 2024

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

via Priority Mail

RE: Dissociation or Resignation of Member from Florida limited liability company;

Sixth Avenue Financial Partners, LLC (L05000046390)

Dear Sir or Madam:

This office is assisting Brandon A. Maresma, as a manager of the above-referenced limited liability company. Enclosed herewith for filing, please find a Dissociation or Resignation of Member signed by David N. Adams effective December 31, 2014, along with a check in the amount of \$25.00 to cover the cost associated therewith.

Should there be any questions or concerns regarding the enclosed, please do not hesitate to contact this office at the phone number above or by email at: t.rowe@wavecrestlegal.com. Thank you.

Sincerely yours,

Adam J. Dugan

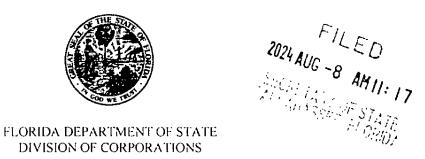
AJD/tr

Enclosures: 2

COVER LETTER

Division of Corporations		
Sixth Avenue Financial Partner	s. LLC	
	f Limited Liability C	Company)
The enclosed member, resignation or di	ssociation and fee	e(s) are submitted for filing.
Please return all correspondence concer	ning this matter to	o:
Brandon A. Maresma		· · · · · · · · · · · · · · · · · · ·
(Contact Person)	_	_
Sixth Avenue Financial Partners, LLC		
(Firm/Company)		
324 6th Avenue North		
(Address)	_	
Jacksonville, Florida 32250		
(City/State and Zip Code)	_	<u> </u>
For further information concerning this	matter, please ca	11:
Brandon A. Maresma	904 at (222-0204
(Name of Contact Person)	(Area Co	de & Daytime Telephone Number)
Enclosed please find a check made pays	able to the Florida	a Department of State for:
■ \$25 Filing Fee		ing 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





DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	he limited liability company as it appears on the records of the Florida Department with Avenue Financial Partners, LLC
2. The Florida do 1.05000046390	ocument/registration number assigned to this limited liability company is:
TS 1151 6 1	member/manager withdrew/resigned or will withdraw/resign is: December 31, 2014 ms the Name of Person Resigning) December 31, 2014
member	(Print Title) liability company and affirm the Limited liability company has been notified of my
1	Dissociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)