

L05000104119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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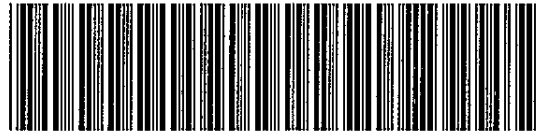
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
CORPORATIONS

J. BRYAN NOV 30 2005

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AVEMARINA 702  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MANUEL GIL  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

2701 SOUTH BAYSHORE DR. SUITE 403  
(Address)

COCONUT GROVE, FL 33133  
(City/State and Zip Code)

For further information concerning this matter, please call:

MANUEL GIL at ( 305 ) 285 9838  
(Name of Person) (Area Code & Daytime Telephone Number)

**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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

CR2E079 (8/05)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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2005 NOV 22 PM 3:44  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, Manuel Gil, hereby resign as MGRM  
(Title)

of AVEMARINA 702,  
(Limited Liability Company)

a limited liability company organized under the laws of the State of FLORIDA,

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

  
(Signature of resigning manager, managing member or member)

**FILING FEE IS \$25.00**

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314