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EXAMINER



COVER LETTER

TO: Registration Section Division of Corporations
Division of Corporations SUBJECT: Pasha's Aventura LL (Name of Limited Liability Company) The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Abigail Watts-Fitzgerald (Contact Person)
Go Weiss Serota Helfman, et al. (Firm/Company)
2525 Ponce de Leon Blud, Ste 700 (Address)
Coral Gables, FL 33/34 (City/State and Zip Code)
For further information concerning this matter, please call:
Abig 41 W4+15-17+25 erald at (305) 854-0800 (Name of Contact Person) (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: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314
Tallahassee, Florida 32301

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DIVISION OF CORPORATIONS

	OF MEMBER, MANA OA OR FOREIGN LIN		
1. The name of the limited of State is:	d liability company as it ap sha's Aven	ppears on the records of	f the Florida Department
	ompany was organized und イム		
,	registration number of this		any is:
	Cortes Person Resigning) company and affirm the lim		
Signature of Resigning	Member, Managing Memb	per or Manager	
Filing Fee: \$25 Certified Copy: \$30	5.00 (Required) 0.00 (Optional)		