L06000054029

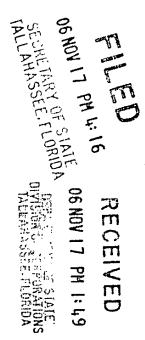
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	š
Special Instructions to Filing Officer:	
	· .

Office Use Only



100081378861

11/17/08--01057--012 **50.00



COVER LETTER

COVID	K LLI I L	
TO: Registration Section Division of Corporations		· 完 ⁰
SUBJECT: AVONLEY DEVELOPMEN (Name of Limi	T, LLC ted Liability Com	ipany)
Dear Sir or Madam:		
The enclosed Resignation of Member, Managing	Member or Ma	anager and fee(s) are submitted for
Please return all correspondence concerning this r	natter to the fo	ollowing:
JULIE SCHULZ		_
(Name of Person)		-
HUEY, GUILDAY, TUCKER, ET AL.	·	-
(Firm/Company)		
1983 CENTRE POINTE BLVD #200	<u> </u>	_
(Address)		
TALLAHASSEE FL 32308		_
(City/State and Zip Code)		
For further information concerning this matter, ple	ease call:	
JULIE SCHULZ	at (850	224-7091
(Name of Person)	(Area Code	e & 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)		Co.m.ca Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

PALLAHASSEE FOR

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGÉR

I, GARY ZENZ	, hereby resign as Manager
	(Title)
of AVONLEY DEVELOPMENT, LLC	
(Limited Liab	ility Company)
a limited liability company organized under the l	aws 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