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TO:

Amendment Section Division of Corporations

SUBJECT: Aventura Boulevard Group, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L07000017705

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ruth A. Martell

Name of Person

BDB Agent Co.

Name of Firm/Company

3800 Embassy Parkway, Suite 300

Address

Akron, OH 44333

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ruth A. Martell

_{ar} 330 \ 643-0

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 608.416(2) or 608	.509, Florida Statutes, the undersigned,		
BDB Agent Co),	, hereby resigns as		
	Name of Registered Agent	,,		
Registered Agent for	Aventura Boulevard (Group, LLC	_	
	Name of Limited Liabilit	y Company	,	
L07000017705	5			
Document N	lumber, if known			
A copy of this resignat	ion was mailed to the above liste	ed limited liability company at its last known addres	SS.	
The agency is terminat	ed and the office discontinued or	n the 31st day after the date on which this statement	is filed.	
	Ruha.	of Resigning Agent		
If signing on behalf of	an entity:	Ä	2010 0CT	;
	Ruth A. Martell		E 8)
	Typed or Prin	ited Name	了 2	, <u> </u>
	Assistant Secretary	្ឋារ ភូមិ	<u></u>	1
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FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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