

**L08000104521**

\_\_\_\_\_  
(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:

**(AUG 03 2012**

**L. SELLERS**

Office Use Only



**300237812783**

07/30/12--01043--008 \*\*25.00

**FILED**  
**12 JUL 30 PM 3:20**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Avion Cuisine llc

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Karolyn Ovian

(Contact Person)

Avion Cuisine

(Firm/Company)

2815 Corinthian Ave.

(Address)

Jacksonville, Fl.32210

(City/State and Zip Code)

For further information concerning this matter, please call:

Karolyn Ovian

(Name of Contact Person)

at ( 904 ) 228-8127

(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:**

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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Avion Cuisine llc.

2. This limited liability company was organized under the laws of:  
Florida.

3. The Florida document/registration number of this limited liability company is:  
L080000104521.

4. I, Fernando Silveira, hereby resign as a Managing Member  
(Print Name of Person Resigning) (Print Title)

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

  
\_\_\_\_\_  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

**FILED**  
12 JUL 30 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA