

L08000111316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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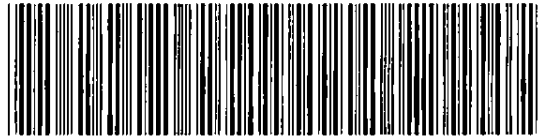
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Avadi Investment LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L 08000111316

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:

OLGA S. PARRELLA  
Name of Person

OSP Consulting LLC  
Name of Firm/Company

1541 Brickell Ave #1806  
Address

Miami, FL 33129  
City/State and Zip Code

osantini@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OLGA PARRELLA at ( 786 ) 812-1705  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

PRIME Keys Solution LLC, hereby resigns as  
Name of Registered Agent

Registered Agent for Avadi Investment LLC  
Name of Limited Liability Company

L 08000 111 316  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Olga A Mas  
Signature of Resigning Agent

If signing on behalf of an entity:

OLGA S. MAS  
Typed or Printed Name

Representative / Registered Agent  
Capacity

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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