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S. HAWKES

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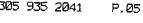
**EXAMINER** 

Tallahassee, Florida 32301

CR2E079 (5/06)

## **COVER LETTER**

| SUBJECT: AV - NA DEAD SEA L.C.  (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:  MAO L AFLALO (Contact Person)  (Firm/Company)  THE ST H 315 (Address)  MEMUL BEACH FL 33139 (Ciry/State and Zip Code)  For further information concerning this matter, please call:  (Ciry/State and Zip Code)  For further information concerning this matter, please call:  (Area Code & Daytime Telephone Number)  Enclosed please and a check made payable to the Florida Department of State for:  S25 Filing Fee Scrifted Copy  STREET/COURIER ADDRESS:  Registration Section  Division of Corporations  Clifton Building  P.O. Box 6327   | TO: Registration Section Division of Corporations                       |   |
|--|---|---|
| Filing.  Please return all correspondence concerning this matter to:  MAOL AFLALO (Contact Person)  (Firm/Company)  THE ST # 315 (Address)  MANU BEACH FL 33139 (City/State and Zip Code)  For further information concerning this matter, please call:  MAOL AFLALO at 76 July - 998 (Name of Contact Person)  Enclosed please End a check made payable to the Florida Department of State for: S25 Filing Fee  S55 Filing Fee & Certified Copy  STREET/COURIER ADDRESS: Registration Section Division of Corporations  | SUBJECT: AV - NA DEAD (Name of Limited Liabi                            | lity Company)                               |
| (Contact Person)  (Firm/Company)  (Firm/Company)  (Address)  MWALL BEACH FL 33139  (City/State and Zip Code)  For further information concerning this matter, please call:  (Name of Contact Person)  (Name of Contact Person)  (Area Code & Daytime Telephone Number)  Enclosed please and a check made payable to the Florida Department of State for:  S25 Filing Fee  (City/State and Zip Code)  (Name of Contact Person)  (Area Code & Daytime Telephone Number)  Enclosed please and a check made payable to the Florida Department of State for:  S25 Filing Fee  (City/State and Zip Code)  (Name of Contact Person)  (Area Code & Daytime Telephone Number)  Enclosed please and a check made payable to the Florida Department of State for:  S25 Filing Fee  (City/State and Zip Code)  (Name of Contact Person)  (Area Code & Daytime Telephone Number)  Enclosed please and a check made payable to the Florida Department of State for:  S25 Filing Fee  (City/State and Zip Code)  (Name of Contact Person)  (Area Code & Daytime Telephone Number)  Enclosed please and a check made payable to the Florida Department of State for:  S25 Filing Fee  (City/State and Zip Code)  (Name of Contact Person)  (Area Code & Daytime Telephone Number)  Enclosed please and a check made payable to the Florida Department of State for:  S25 Filing Fee  (City/State and Zip Code)   |   | er resignation and fee(s) are submitted for |
| (Firm/Company)  The St # 315 (Address)  Mraul Beach FL 33139 (City/State and Zip Code)  For further information concerning this matter, please call:  Mac A L L L O at 76 J 21 - 9988 (Name of Contact Person)  Enclosed please find a check made payable to the Florida Department of State for:  S25 Filing Fee S55 Filing Fee & Certified Copy  STREET/COURIER ADDRESS: Registration Section Division of Corporations  Registration Section Division of Corporations  | Please return all correspondence concerning this mat                    | ter to:                                     |
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| Many Beach FL 33139  | (Contact Person)  |   |
| Manua Beach FL 33139  (City/State and Zip Code)  For further information concerning this matter, please call:  Manua AFLALO at 7P6 321 - 99P8  (Name of Contact Person) (Area Code & Daytime Telephone Number)  Enclosed please End a check made payable to the Florida Department of State for:  \$25 Filing Fee \$\frac{1}{2}\$55 Filing Fee & Certified Copy  STREET/COURIER ADDRESS:  Registration Section  Division of Corporations   | (Firm/Company)  |   |
| For further information concerning this matter, please call:    Mark   F   Mark   Mark | 711 5th 8t # 315  |   |
| MADR AFLA at (796) 525 - 998  (Name of Contact Person) (Area Code & Daytime Telephone Number)  Enclosed please find a check made payable to the Florida Department of State for:  \$\int \frac{\text{\$\text{S25}}}{\text{Filing Fee}} \text{Fee} \text{\$\text{\$\text{\$\text{S55}}}} \text{Filing Fee & Certified Copy}  STREET/COURIER ADDRESS:  Registration Section  Division of Corporations  | M Make BEACH FL 331 (City/State and Zip Code)                           | <u> 39</u>                                  |
| 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 Registration Section  Division of Corporations  Enclosed please find a check made payable to the Florida Department of State for:  \$55 Filing Fee & Certified Copy  MAILING ADDRESS:  Registration Section  Division of Corporations   | For further information concerning this matter, pleas                   | e call:                                     |
| \$25 Filing Fee Certified Copy  STREET/COURIER ADDRESS: Registration Section Division of Corporations  \$55 Filing Fee & Certified Copy  MAILING ADDRESS: Registration Section Division of Corporations  | (Name of Contact Person) at (Are  | a Code & Daytime Telephone Number)          |
| Registration Section Registration Section Division of Corporations Division of Corporations  | Enclosed please find a check made payable to the Flo<br>\$25 Filing Fee | \$55 Filing Fee &                           |
| Division of Corporations Division of Corporations  |   |   |
|  | <b>▼</b>  |   |
| Chian bullante F.U. HOX 61/  |   |   |
| 2661 Executive Center Circle Tallahassee, Florida 32314  | <b>▼</b>  |   |





## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

|                                | limited liability company as it appears on the records of the Florida Department  |
|--------------------------------|---|
| of State is:                   | AV-NA DEAD SEA L.L.C.   |
|                                | ility company was organized under the laws of:  |
| 3. The Florida docu            | ment/registration number of this limited liability company is:  |
|                                | 30 9 6 0 J 7  |
| ·                              | ome of Person Resigning) (Print Title)  wility company and affirm the limited liability company has been notified of my |
| V AVIRA                        | Μ   |
| Signature of Resignature       | gning Member, Managing Member or Manager  |
| Filing Fee:<br>Certified Copy: | \$25.00 (Required)<br>\$30.00 (Optional)  |