

L10000019494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

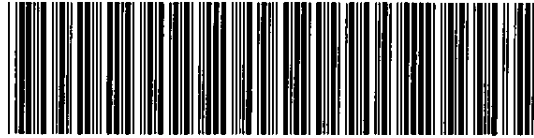
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11 JAN 14 AM 8:51

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

2011 JAN 14 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

JAN 18 2011

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AV-CRISTOPHER LN LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L10000019494

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:

JORGE I. PULLES  
Name of Person

AV-CRISTOPHER LN LLC  
Name of Firm/Company

6500 COWPEN RD  
Address

MIAMI LAKES, FL 33014  
City/State and Zip Code

JORGE@COSNTRUCTCORP.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GINA BERTI at ( 305 ) 557-4304  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED  
2011 JAN 14 AM 10:00  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

HILARIO A. DIAZ

Name of Registered Agent

, hereby resigns as

Registered Agent for AV-CRISTOPHER LN LLC

Name of Limited Liability Company

L10000019494

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.



Signature of Resigning Agent

If signing on behalf of an entity:

HILARIO DIAZ

Typed or Printed Name

Res Agent

Capacity

2011 JAN 14 AM 10:00  
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