40000021033

| . (Red | questor's Name) | | |
|---|-------------------|-----------|--|
| (Address) | | | |
| (Address) | | | |
| . (City | //State/Zip/Phone | ÷#) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bus | siness Entity Nam | ne) | |
| (Document Number) | | | |
| Certified Copies | Certificates | of Status | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
| | | | |

Office Use Only



000184070150

08/11/10--01015--015 **100.00

MO AUG 11 PM 3: 06

S. HAWKES
AUG 1 2 2010
EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|---|
| SUBJECT: AVENTURA MARINA 915 L (Name of Limited Liab | |
| (Name of Limited Liab | inty Company) |
| The enclosed member, managing member or managiling. | er resignation and fee(s) are submitted for |
| Please return all correspondence concerning this ma | tter to: |
| Daniel Guenni | |
| (Contact Person) | _ |
| AVENTURA MARINA 915 LLC | |
| (Firm/Company) | |
| 7791 NW 46th Street, Suite 108 | |
| (Address) | |
| Miami, FL 33166 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, plea | se call: |
| Daniel Guenni at (| 786 、355-5778 |
| | ea Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the F | lorida Department of State for: |
| \$25 Filing Fee | \$55 Filing Fee & |
| | Certified Copy |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| Clifton Building | P.O. Box 6327 |
| 2661 Executive Center Circle Tallahassee, Florida 32301 | Tallahassee, Florida 32314 |

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



| | limited liability company as it ENTURA MARINA 915 | appears on the records of the Florida Department LLC. |
|--|--|---|
| 2. This limited liabi | lity company was organized u | under the laws of: |
| 3. The Florida docu L10000021 | | his limited liability company is: |
| 4. I, RUBEN ALCALDE | | , hereby resign as a MGR |
| (Print Name of Person Resigning) | | (Print Title) |
| of this limited liab resignation in wri | | limited liability company has been notified of my |
| Signature of Resignature | gning Member, Managing Me | mber or Manager |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | |