

L100000037311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

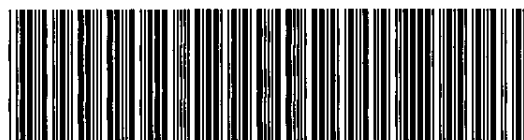
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

MAY 15 2012

EXAMINER



200234856082

FILING CANCELLED
RETURNED CHECK

05/11/12--01007--017 **25.00

RES M

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IF & AV MANAGEMENT, 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:

SARAI I TORREALBA
(Contact Person)

IF & AV MANAGEMENT, LLC
(Firm/Company)

3601 NW 107TH AVE #101
(Address)

DORAL FL 33178
(City/State and Zip Code)

For further information concerning this matter, please call:

SARAI I TORREALBA at (786) 546-6588
(Name of Contact Person) (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

FILING CANCELLED
RETURNED CHECK



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: IF & AV MANAGEMENT, LLC

2. This limited liability company was organized under the laws of:
IF & AV MANAGEMENT, LLC FLORIDA

3. The Florida document/registration number of this limited liability company is:
IF & AV MANAGEMENT, LLC 110000037311

4. I, ALFREDO VIZCARRONDO, hereby resign as a MGRM
(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]
Signature of Resigning Member, Managing Member or Manager

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