L100000 89631

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE
TAILANASSEE, FLORIDA

J. BRYAN

SFP 2-1 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AVL MANAGEMENT LLC (Name of Limited Liab	ility Company)
The enclosed member, managing member or managing.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this ma	tter to:
MARK REZNIK	7 S
(Contact Person)	SEP 21
(Firm/Company)	SEE, F
16699 COLLINS AVE., 1707 (Address)	E, FLORI
SUNNY ISLES BEACH, FL 33160 (City/State and Zip Code) For further information concerning this matter, please	se call:
ANNA DEZNIK	305 ₃ 336-6056
at (ea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Fl \$25 Filing Fee	orida Department of State for: \$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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	nited liability company as it ap	ppears on the records	s of the Florida		
of State is: AVL	MANAGEMENT LLC		<u> </u>	5 6 5	
2. This limited liability FLORIDA	ty company was organized und	ler the laws of:	, r	SEP 20 PH SEP ANGE OF	1
3. The Florida docum L100000896	ent/registration number of this	limited liability con	npany is:	3: 15	
4. I, ANNA REZI	NIK ne of Person Resigning)	, hereby resign as a	MANAGIN (Print Tit	G MEMBER	?
of this limited liabil resignation in writing	ity company and affirm the lim	nited liability compa	ny has been not	tified of my	
Signature of Resign	ning Member, Managing Memb	oer or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				