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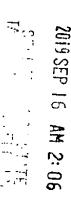
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(Req	uestor's Name)		
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MAVTRANS LLC	
(Name of Limited Liability Cor	npany)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:	
ALEX VILLEGAS	
(Contact Person)	_
MAVTRANS LLC	
(Firm/Company)	_
5027 SW 195TH TER	
(Address)	_
MIRAMAR, FL 33029	
(City/State and Zip Code)	_
For further information concerning this matter, please call:	
ALEX VILLEGAS 786	351-8670
	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I \$25 Filing Fee	Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the MAV	limited liability company	as it appears on the records of the Florida Departm
	iment/registration number	assigned to this limited liability company is:
		resigned or will withdraw/resign is: 12/31/2018
MANAGING I		.·
of this limited his resignation in wr		the limited Hability company has been notified of a
J	issociating Member or Re \$25.00 (Required)	signing Manager
Certified Copy:	\$30.00 (Optional)	