

LI 000113680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

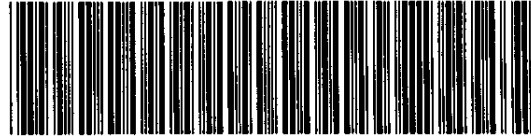
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800291650268

11/10/16--01015--010 **50.00

2016 NOV 10 P 2:08
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren

NOV 14 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASAV HOLDINGS, LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

James W. Govin

(Contact Person)

Hermann & Govin

(Firm/Company)

134 S. Dixie Hwy, Suite 100

(Address)

Hallandale Beach, FL 33009

(City/State and Zip Code)

For further information concerning this matter, please call:

James W. Govin

(Name of Contact Person)

at 305 356-8403, ext 207

(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



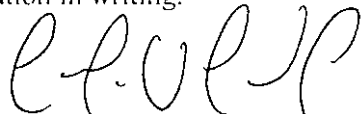
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: ASAV HOLDINGS, LLC
2. The Florida document/registration number assigned to this limited liability company is:
L11000113680
3. The date this member/manager withdrew/resigned or will withdraw/resign is: OCT 28, 2016
4. I, CARLA S. VALDIVIESO, hereby withdraw/resign as a
(Print Name of Person Resigning)
Member & Manager.
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

X 

Signature of Dissociating Member or Resigning Manager

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

2016 OCT 10 P 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED