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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

DEC 13 2015  
J SHIVERS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AVDALOR, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Amendment or Cancellation of Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jonathan C. Benitah, Esq.

Name of Person

Jonathan C. Benitah, P.A.

Firm/Company

3440 Hollywood Blvd., Suite 415

Address

Hollywood, FL 33021

City/State and Zip Code

JBenitah@BenitahLaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan C. Benitah

Name of Person

at ( 954 )

Area Code

241-4266

Daytime Telephone Number

**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

**AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY**

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:

**FIRST:** The name of the limited liability company is: AVDALOR, LLC

**SECOND:** The Florida Document number of the limited liability company is: L12000002955

**THIRD:** The street address of the limited liability company's principal office is:

12110 NW 5TH COURT, PLANTATION, FL 33325

The mailing address of the limited liability company's principal office is:

12110 NW 5TH COURT, PLANTATION, FL 33325

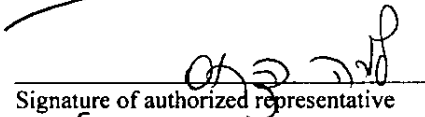
**FOURTH:** The date the statement of authority became effective is: 3 / 31 / 2015

**FIFTH:** The statement of authority is cancelled.

**OR**

The amendment to the statement of authority is

  
Signature of authorized representative

  
Signature of authorized representative

  
Signature of authorized representative

ABRAHAM PINHAS

Typed or printed name of signature

LAURA PINHAS

Typed or printed name of signature

MELY MELLIZA

Typed or printed name of signature

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 DEC 11 AM 9:40

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)