L12000 152348

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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11/28/16--01037--022 **25.00

12/19/16--01038--012 **60.00





FLORIDA DEPARTMENT OF STATE Division of Corporations

December 5, 2016

THOMAS HENSEL 375 N 9TH AVE SUITE D PENSACOLA, FL 32502

SUBJECT: ON THE AVENUE, LLC

Ref. Number: L12000152348

MECEIVED MI:16

We have received your document for ON THE AVENUE, LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$60.00.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 816A00025774

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

www.sunbiz.org

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,	
Elodie CAR DON - ALEXANDER, hereby Name of Registered Agent	resigns as
Registered Agent for E ON THE AVENUE (
Name of Limited Liability Company	
L 12000152348 Document Number, if known	
A copy of this resignation was mailed to the above listed limited liability compan	y at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date agency is terminated and the office discontinued on the 31st day after the date agency is terminated and the office discontinued on the 31st day after the date agency is terminated and the office discontinued on the 31st day after the date agency is terminated and the office discontinued on the 31st day after the date agency is terminated and the office discontinued on the 31st day after the date agency is terminated and the office discontinued on the 31st day after the date agency is terminated and the office discontinued on the 31st day after the date agency is terminated and the office discontinued on the 31st day after the date agency is the second	e on which this statement is filed. SECRETARY ALLAHASSE
Typed or Printed Name	9 AM
Capacity	7:57 STATE LORIDA

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

\$ 85.00 \$ 25.00 Active limited liability company Administratively dissolved/voluntarily dissolved/

withdrawn limited liability company