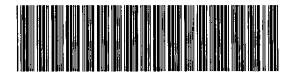
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(Red	questor's Name)		
(Add	dress)	<u>, , , ,</u>	
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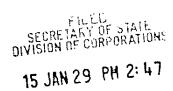
C.L.3015

COVER LETTER

Division of Corporations	
SUBJECT: NEW YORK AVE, LLC.	
(Name of Limited Liability Com	pany)
The enclosed member, resignation or dissociation and fee(s)	are submitted for filing.
Please return all correspondence concerning this matter to:	
JOSHUA HAYS	
(Contact Person)	
NEW YORK AVE, LLC.	
(Firm/Company)	
PO BOX 474	_
(Address)	
DELAND, FL 32721	
(City/State and Zip Code)	•
For further information concerning this matter, please call:	
JOSHUA HAYS 386	490-8900
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D ■ \$25 Filing Fee □ \$55 Filing	epartment of State for: Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS: Registration Section
Registration Section Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (2/14)





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)

	limited liability company a	is it appears on the records of the Florida Department
2. The Florida doc	-	assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/re	signed or will withdraw/resign is:
		, hereby withdraw/resign as a
Managing Me		
	(Print Title)	
of this limited lia resignation in wr	bility company and affirm titing.	the limited liability company has been notified of my
Signature of D	ssociating Member or Resi	gning Manager
	\$25.00 (Required) \$30.00 (Optional)	