

12/10/2020

Division of Corporations

**L1300008385**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ASLAN TAX SERVICES INC  
Account Number : I20140000082  
Phone : (305)644-9144  
Fax Number : (786)477-5802

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

AVP DISTRIBUTORS LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

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12/10/2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AVP DISTRIBUTORS 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:

IRMA SERNA  
(Contact Person)

ASLAN TAX SERVICES INC  
(Firm/Company)

762 SW 18TH AVE  
(Address)

MIAMI, FL 33135  
(City/State and Zip Code)

For further information concerning this matter, please call:

IRMA SERNA at ( 305 ) 644-9144  
(Name of Contact Person) (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

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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: AVP DISTRIBUTORS LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L13006088385

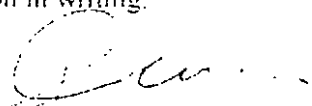
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2020

4. I, RUBEN GOMEZ, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGRM

*(Print Title)*

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

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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