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S. WARREN JUL 17 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAVIS EVANS 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:

(GUY DE HAVILLANDE (Contact Person)

(Firm/Company)

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

Please return all correspondence concerning this matter to:

(GUY DE HAVILLANDE (Contact Person)

(City/State and Zip Code)

For further information concerning this matter, please call:

(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

STREET/COURIER ADDRESS:

MAILING ADDRESS:

Registration Section Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (2/14)

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, Florida 32301



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 lial	oility company as	s it appears on the records of the Florida Departm	nent
of State is:	Avis	EVANS	LLC	. ·
2. The Florida docu	ment/regis	tration number as	ssigned to this limited liability company is:	
L 14000	00096	572		
3. The date this mer	nber/mana	ger withdrew/resi	signed or will withdraw/resign is: $07/a5/20$	17
			, hereby withdraw/resign as a	
		MEMBE		
	Print Title)	r (C) (ISE		
of this limited liab resignation in writ		any and affirm the	ne limited liability company has been notified of	my
50	ul	125		
Signature of Die	sociating i	Member or Resign	ning Manager	
Filing Fee:				
Certified Copy:	\$30.00 (Optional)	>	<u>\$5.</u>

CR2E079 (2/14)