

L14000021631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

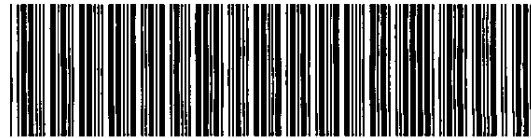
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400290109864

09/15/16--01027--013 **85.00

SEP 19 2016

S. YOUNG

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 SEP 15 AM 10:55

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVENTURA 2610 LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L14000021631

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NATHAN B. LECHNER, Esq.
Name of Person

LAW OFFICES OF NATHAN B. LECHNER
Name of Firm/Company

PO Box 2083
Address

Hollywood, FL 33022
City/State and Zip Code

nblee ad.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NATHAN LECHNER at (954) 457-4357
Name of Person Area Code Daytime Telephone Number

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 SEP 15 AM 10:55

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

NORM LECHNER, hereby resigns as
Name of Registered Agent

Registered Agent for ADVENTURA 2610 LLC

Name of Limited Liability Company

L14000021631
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Norm Lechner
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

16 SEP 15 AM 10:55

FILED
SECRETARY OF STATE
TALLAHASSEE, FL 32314

FILING FEES:

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

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