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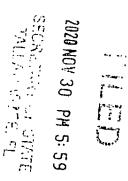
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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O SIMMONS JAN 14 2021

COVER LETTER
TO: Registration Section Division of Corporations
LAVI MANAGEMENT LLC
SUBJECT:
(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:
Junior Alexis (Contact Person)
(Firm/Company)
5550 Glades Road Stutte 500 (Address)
Bocci Raton Fl 33431 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (305) (old 9293) (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 Street Address: Registration Section

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327



FLED

2020 NOV 30 PM 5: 59

SECRETURE OF CHATE FLORIDA DEPARTMENT OF STATE AND SEE, FL 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:	avi Management LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L1400	20024744
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: November 25, 2020
4. 1. <u>Deone</u> (Print N.	hereby withdraw/resign as a me of Person Resigning), hereby withdraw/resign as a
Mana	CIGE (C. Print Title)
of this limited liab	pility company and affirm the limited liability company has been notified of my sting.
Signature of Di	ssociating Member or Resigning Manager
_	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)