L14000090929

(Requ	uestor's Name)	
(Addr	ress)	
(Addr	ess)	
(City/	State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doct	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	
		Extr

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 25, 2014

MAURO SANTOS SANTOS & COMPANY PA 25 SE 2ND AVE - STE 1235 MIAMI, FL 33131

SUBJECT: AVENTU CAPITAL LLC

Ref. Number: L14000090929

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please complete section #3 of the form with the date Luiz E. Ulrich resigned as member/manager.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell Regulatory Specialist III

Letter Number: 214A00025063

DEAR MS. CONNELL:

ATTACHED PLEASE FIND CONTLETED FORM

WITH RESIGNATION DATE OF MOVEMBER 4, 2014.

THANK YOU,

www.sunbiz.org

ිට්ට ivisión of Comporations P.O. BOY 6397 Tallahassaa Florida 39314

COVER LETTER

Division of Corporations					
SUBJECT: AVENTO CAPI	TAL LLC				
(Name of Lim	nited Liability Company)				
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.					
Please return all correspondence concerning	this matter to:				
MAN RO SANTOS (Contact Person)					
(Contact Person)					
Y YHAFMON + POTTANZ	2.A.				
SANTOS + COMPANY F					
25 SE 2 LL AVENU	£, SU(7 & 1235				
(Address)					
(City/State and Zip Code)	33131				
(City/State and Zip Code)					
For further information concerning this matt	er, please call:				
_	•				
MAURO SASTOS	at (305) 371-5252				
(Name of Contact Person)	at (365) 371-5252 (Area Code & Daytime Telephone Number)				
Fredresd ulares Cod - short words worth to	and the Chaids Demanded of Control				
Enclosed please find a check made payable t 23 \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy				
_ \$25 . milg 1 60	= \$55 i mig ree & Certified Copy				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section Division of Corporations	Registration Section Division of Corporations				
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle	Tallahassee, Florida 32314				

CR2E079 (2/14)

Tallahassee, Florida 32301

TO: Registration Section



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 I	Florida I	Denari	tment
	LVENTU CAPITAL				
2. The Florida docu	ment/registration number assig	gned to this limited liability co	mpany i	s:	
L1400	9090929	·			
	mber/manager withdrew/resign		•	1 	<u>20 i</u>
4. I, Loiz (Print N	E. ULRICH ame of Person Resigning)	, hereby withdraw/resign as	а		
	MANACER. (Print Title)				
	pility company and affirm the l	imited liability company has b	een noti	fied o	f my
		11/4/201	4		
Signature of Di	ssociating Member or Resignir	ng Manager			
Filing Fee:	\$25.00 (Required)		S. S.	14 DE	*********
•	\$30.00 (Optional)			EC -5 PH	
			•	2: 4	