

L15000097400

(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:

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2023 JAN 23 AM 7:18  
TALLAHASSEE, FL  
STATE

of 3/28/2023

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Avitech Plus 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:

Melba Proctor  
\_\_\_\_\_  
(Contact Person)

Avitech Plus LLC  
\_\_\_\_\_  
(Firm/Company)

1121 S. Military Trail  
\_\_\_\_\_  
(Address)

Deerfield Beach, Florida 33442  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Melba Proctor at (954) 368-5937  
\_\_\_\_\_  
(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



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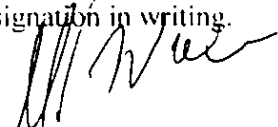
CLERK OF THE STATE  
TALLAHASSEE, FL

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: Avitech Plus LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L15000097400
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2022
4. I, Maximo Wullich, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Partner / manager  
*(Print Title)*

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

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

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