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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
FEB 26 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AVANTI SERVICES 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:

JUAN C CORTES

(Contact Person)

AVANTI SERVICES LLC

(Firm/Company)

1548 BRICKELL AV

(Address)

MIAMI, FL 33129

(City/State and Zip Code)

For further information concerning this matter, please call:

LORENA BOWEN

(Name of Contact Person)

at ( 954 ) 2540216  
(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:**

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

**MAILING ADDRESS:**

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