L15000155394

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COVER LETTER

COVER LETTER
TO: Registration Section Division of Corporations
COVER LETTER TO: Registration Section Division of Corporations SUBJECT: AVMANT 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:
Contact Person)
FLIGHTMATH GIATION SAVILLES Inc
2103 AMERICAN FUELL WAY
Broad SUIN E FL 34604 (City State and Zip Code)
For further information concerning this matter, please call:
<u>Jeffrey Smi76f</u> at (35Z) 293 59 4 9 (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 \$\frac{1}{2}\$\$ \$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





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:	AVMART LIC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L150	000155394
4.1. JUMEY	mber/manager withdrew/resigned or will withdraw/resign is: 221-2020 M11H Savies Ive., hereby withdraw/resign as a
-	Print Title)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
Sign ature of Di	Speciating Member or Resigning Manager
Filing Fee:	
of this limited liab resignation in wri	Print Title) Dility company and affirm the limited liability company has been notified of my ting. Sectating Member or Resigning Manager