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## **COVER LETTER**

	Registration Section Division of Corporations		
	Division of Corporations		
SUBJE	AVSE, LLC		
		imited Liability Co	ompany)
The enc	closed member, resignation or disso	ociation and fee	(s) are submitted for filing.
Please r	eturn all correspondence concernir	ng this matter to	:
Geri Arm	nalavage		
	(Contact Person)		<del></del>
	(Firm/Company)		
P.O. Box	110301		
	(Address)		
Naples, F	FL 34108		
	(City/State and Zip Code)		_
For furt	her information concerning this ma	atter, please call	l:
Geri Arm	nalavage	239 at (	572-4649
	(Name of Contact Person)		le & Daytime Telephone Number)
Enclose	ed please find a check made payabl	e to the Florida	Department of State for:
	Filing Fee		ng Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section		Registration Section Division of Corporations
	Division of Corporations P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		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)

		it appears on the records of the Florida Department
2. The Florida doc:	ument/registration number as	ssigned to this limited liability company is:
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is:
		, hereby withdraw/resign as a
Manager		
	(Print Title)	
resignation in wr	Ush	ming Manager
Signature of Di	ssociating Member or Resig	ming Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	To All the second of the secon