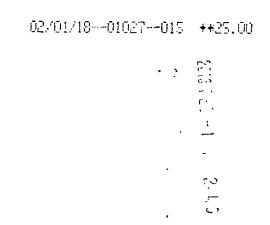
## L17000036408

(Requestor's Name)					
(requests, s rivine)					
(Address)					
(1881888)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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HARRIS

## **COVER LETTER**

TO:	Registration Section				
	Division of Corporations				
SUBJ	JECT: SIX AVENUE REALTY LLC  (Name of Limited Liability Company)				
The e	nclosed member, resignation or disso	ciation and fee	(s) are submitted for filing.		
Please	e return all correspondence concerning	g this matter to	:		
Cory	Robins, Esq.				
	(Contact Person)		<del>-</del>		
ROB	INS LAW FIRM				
	(Firm/Company)				
3876	Sheridan St.				
	(Address)	·	_		
Holly	wood, FL 33021				
	(City/State and Zip Code)		_		
For fu	urther information concerning this ma	tter, please call	i. -		
Cory	Robins, Esq.	954	, 983-0144		
	(Name of Contact Person)	`	le & Daytime Telephone Number)		
	osed please find a check made payable 5 Filing Fee		Department of State for: ng Fee & Certified Copy		
	EET/COURIER ADDRESS:		MAILING ADDRESS:		
_	tration Section ion of Corporations		Registration Section Division of Corporations		
	on Building		P.O. Box 6327		
2661	Executive Center Circle		Tallahassee, Florida 32314		
Tallah	nassee. Florida 32301				

CR2E079 (2/14)



## 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)

	e limited liability company as	it appears on the records	s of the Florida Department		
2. The Florida doc L1700003640	ument/registration number as	ssigned to this limited lia	bility company is:		
3. The date this me	ember/manager withdrew/resi	igned or will withdraw/re	esign is:		
4. I. AVIHU NAH	ARI	, hereby withdraw/i	, hereby withdraw/resign as a		
(Print l	Name of Person Resigning)	·	-		
MANAGER					
	(Print Title)				
of this limited lie resignation in wr	bility company and affirm the riting.	e limited liability compa	ny has been notified of my		
Signature of D	issociating Member or Resigi	ning Manager			
-Fitting Fee:	\$25.00 (Required)		1		
	\$30.00 (Optional)		; ~·		