## 117000 108347

(Requestor's Name)	
(Requestors Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates	of Status
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Special Instructions to Filing Officer:	
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FILED

7/2/18/05

## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: WEST AVENUE PARTNER	RS, LLC	
	mited Liability Company)	
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to:	
PAUL WEISS		
(Contact Person)	- 2	
WEST HILL REALTY SERVICES, LLC	g this matter to:  ALL AND ALL	
(Firm/Company)	10 <b>10</b>	
1395 BRICKELL AVENUE #800	<i>,</i> ·	
(Address)		
MIAMI, FL 33131		
(City/State and Zip Code)		
For further information concerning this matt	ter, please call:	
PAUL WEISS	305 979-0411	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable ■ \$25 Filing Fee	to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	

CR2E079 (2/14)

Tallahassee, Florida 32301



## 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)

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		-
		· · · · · · · · · · · · · · · · · · ·
1. The name of t	he limited liability company as it appears on t	he records of the Florida Department
of State is: W	EST AVENUE PARTNERS, LLC	
2. The Florida do	ocument/registration number assigned to this l	limited liability company is
3. The date this r	member/manager withdrew/resigned or will w	rithdraw/resign is:
Jorge A. I	Netto hereby w	
	t Name of Person Resigning)	vinidraw/resign as a
MGR		
	(Print Title)	
of this limited l resignation in	liability company and affirm the limited liabil writing.	ity company has been notified of my
Signature of	Dissociating Member or Resigning Manager	
Filing Fee:	\$25.00 (Required)	

Certified Copy:

\$30.00 (Optional)