# LI8000134683

(Re	equestor's·Name)	
(Āc	ldress)	
(Ac	Idress)	
(Ci	ty/State/Zip/Phone	#)
		MAIL
(Bu	isiness Entity Nam	e)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
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	Office Use Only	,

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05/38/19--01022--006 \*\*55.00

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## **COVER LETTER**

### TO: Registration Section Division of Corporations

## AVENTURA COLLECTION HOTELS, 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:

ALAN E. KRINZMAN

(Contact Person)

ASSOULINE & BERLOWE, P.A.

(Firm/Company)

100 SE 2ND STREET, Suite 3105

(Address)

MIAMI, FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

ALAN E. KRINZMAN (Name of Contact Person) at (305 (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: State for: \$25 Filing Fee & Certified Copy

#### STREET/COURIER ADDRESS:

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

CR2E079 (2/14)

#### MAILING ADDRESS:

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





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## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM<sup>2</sup> FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

- The Florida document/registration number assigned to this limited liability company is: L18000134683
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_
- 4.1, \_\_\_\_\_\_, hereby withdraw/resign as a

(Print Name of Person Resigning)

MANAGER

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.  $\sim 1$ 

Signature of Dissociating Member or Resigning Manager

Filing Fee:\$25.00 (Required)Certified Copy:\$30.00 (Optional)