

L19000052398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

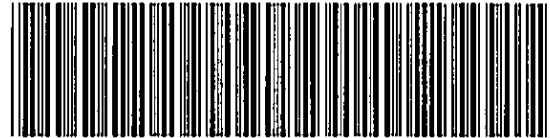
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Resignation

JAN 06 2020

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEST OF AVENTURA, 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:

Jeanne Fils

(Contact Person)

BEST OF AVENTURA, LLC

(Firm/Company)

19555 E. COUNTRY CLUB DRIVE 8-105

(Address)

AVENTURA, FL 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

Antoine Dumas, Esq.

at (754) 800-5291

(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

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

CR2E079 (2/14)

RECEIVED
NOV 01 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 6, 2019

JEANNE FILS
BEST OF AVENTURA, LLC
19555 E. COUNTRY CLUB DRIVE 8-105
AVENTURA, FL 33180

SUBJECT: BEST OF AVENTURA, LLC
Ref. Number: L19000052398

We have received your document for BEST OF AVENTURA, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 119A00022970

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

**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: BEST OF AVENTURA, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L19000052398

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/29/2019

4. I, ADRIANA DJRDJRJAN JORGE, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER/MEMBER

(Print Title)

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

Adriana DJRDJRJAN JORGE
Signature of Dissociating Member or Resigning Manager

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