

**Florida Department of State**  
 Division of Corporations  
 Electronic Filing Cover Sheet

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**To:**

Division of Corporations  
Fax Number : (850)617-6383

**From:**

Account Name : KOUTOULAS & RELIS, LLC  
Account Number : I20070000005  
Phone : (954)332-1345  
Fax Number : (954)332-1346

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 2022 AUG 18 AM 10:46

**LLC REGISTERED AGENT RESIGNATION**  
**AVIAURA CONSULTING, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$85.00

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Corporate Filing Menu

Help

J. Delaney  
 AUG 19 2022

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**COVER LETTER****TO:** Registration Section  
Division of Corporations**SUBJECT:** Aviaura Consulting LLC  
Name of Limited Liability Company**DOCUMENT NUMBER:** L19000070331

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steven L Relis CPA

Name of Person

Koutoulas & Relis LLC

Name of Firm/Company

1776 N Pine Island Road Ste 316

Address

Plantation FL 33322

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven L Relis CPA

Name of Person

at ( 954 ) 332-1345  
Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

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

INHS17 (2/14)

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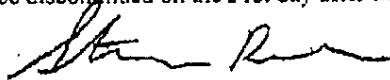
**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Steven Relis \_\_\_\_\_, hereby resigns as  
Name of Registered AgentRegistered Agent for AVIAURA CONSULTING, LLC  
\_\_\_\_\_  
Name of Limited Liability CompanyL19000070331  
\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name\_\_\_\_\_  
Capacity**FILING FEES:**

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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