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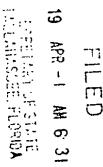
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration Section		
Division of Corporations		
SUBJECT: AVOCADO CASA MIAN		
(Name o	of Limited Liability Co	mpany)
The enclosed member, resignation or di	ssociation and fee(	s) are submitted for filing.
Please return all correspondence concer	ming this matter to:	
KURT KNEPPER		
(Contact Person)		_
(Firm/Company)		_
1600 WEST AVENUE, APT 205		
(Address)		_
MIAMI BEACH, FL 33139		
(City/State and Zip Code)	<u> </u>	<del></del>
For further information concerning this	matter, please call:	
KURT KNEPPER	949 at (	415-4350
(Name of Contact Person)		e & Daytime Telephone Number)
Enclosed please find a check made paya  ■ S25 Filing Fee		Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
Clifton Building 2661 Executive Center Circle		P.O. Box 6327
Tallahassee, Florida 32301		Tallahassee, Florida 32314

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)

1. The name of the	limited liability company as it appears on the records of the Florida Departmen
of State is: AVC	DCADO CASA MIAMI LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
L1900007681	9
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I. KURT KNEF	PER hamby withdraw/region as a
(Print N	, hereby withdraw/resign as a lame of Person Resigning)
MANAGER	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)