N19000155118

(Re	equestor's Name)		
(Ac	idress)		
(Ac	ddress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only





000395481930

10/17/20--61015-017 ••20.00

22 OCT 17 AH 7: LI

COVER LETTER

TO: Registration Section **Division of Corporations** Avondale Rentals, LLC SUBJECT: (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: Jeffrey R Carroll (Contact Person) Avondale Rentals, LLC (Firm/Company) 3201 Streng Lane (Address) Royal Palm Beach, Florida 33411 (City/State and Zip Code) For further information concerning this matter, please call: 614 271-5814 Jeffrey R Carroll (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$\$55 Filing Fee & Certified Copy \$25 Filing Fee

Mailing Address:

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

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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)

Ave	ne limited liability company a andale Rentals, LLC	as it appears on the records of the Florida Depar	rtment
2. The Florida do L19000155118	cument/registration number	assigned to this limited liability company is:	
3. The date this n Jeffrey L Carro	-	esigned or will withdraw/resign is:	
4 I		, hereby withdraw/resign as a	
(Print Authorized Mei	Name of Person Resigning) mber (MGR)		
	(Print Title)	, ,	33 OC
of this limited b	iability company and affirm	the limited liability company has been notified	<u>o</u> f mỹ 📜
resignation in v			٠ إ
Signature of)	My Lawly Dissociating Member or Res		AH 7: 41
Filing Fee:	\$25.00 (Required)		

Certified Copy:

\$30.00 (Optional)