L21000232781

(Requestor's Name)				
(Address)				
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PICK-UP	WAIT MAIL			
(Business Entity Name)				
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Certified CopiesC	Certificates of Status			
Special Instructions to Filing Officer:				





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COVER LETTER ...

Division of Corporations	
355 Avalon LLC SUBJECT:	
*	Limited Liability Company)
The enclosed member, resignation or dis	sociation and fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to:
Gloria A Quintero	
(Contact Person)	
355 Avalon LLC	
(Firm/Company)	
355 S. Ocean Drive Unit 604	
(Address)	
Ft Pierce, FL 34949	
(City/State and Zip Code)	
For further information concerning this r	matter, please call:
Gloria A Quintero	305 731-4017 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payal	ble to the Florida Department of State for:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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 of State is:		s it appears on the records of th	ne Florida	Depar	tment
		ssigned to this limited liability	company	is:	
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign	MARC	H 25, 20	022
Jacca T Dowlin	g III Jame of Person Resigning)	, hereby withdraw/resign			
-	(Prins Title)				
of this limited lia resignation in wr		he limited liability company ha	is been no	tified (of my
Jesse T. Dowlin	g III issociating Member or Resig	- in a Monovan			
Signature of Di	issociating Member or Resig	gning Manager		20	
	\$25.00 (Required) \$30.00 (Optional)			2022 AP3 - J	.
				12 m 35	