

L21000301825

Florida Department of State
Division of Corporations
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To:

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

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AV LIFE & HEALTH INSURANCE LLC

Certificate of Status	0
Certified Copy	1
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JUN 30 2023
K. Brumblay

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 Department of State is: AV LIFE & HEALTH INSURANCE LLC
2. The Florida document/registration number assigned to this limited liability company is: 121000301825
3. The date this member/manager withdrew/resigned or will withdraw/resign is: JUNE 21, 2023
4. I, VLADIMIR PEREZ, hereby withdraw/resign as a
(Print Name of Person Resigning)
AUTHORIZED MEMBER
(Print Title)

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

[Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
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