Leelie Sellers 8004323622



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COVER LETTER

TO: Registration Section Division of Corporations

AVAGOLD, LLC

(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:

Joseph M. Landolfi, Jr., LL.M.

(Contact Person)

Shapiro, Blasi, Wasserman & Hermann, P.A.

(Firm/Company)

7777 Glades Road, Suite 400

(Address)

Boca Raton, PL 33434

(City/State and Zip Code)

For further information concerning this matter, please call:

Josoph M. Landolfi, Jr., LL.M.	561	477-7800
·	, at ()
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee S55 Filing Fee & Certified Copy

Maillag 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

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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 AVAGOLD, LLC of State is:

L23000079494		-
The date this member/manager withdrew/	resigned or will withdraw/resign is:	, 2023-
BONNED COLDETEIN	, hereby withdraw/resign as a	
(Print Name of Person Resigning)		c:
MANAGER		ۍ 10
(Print Title)		

\square	SA-
Signature of D	sociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)