

L23000/65355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

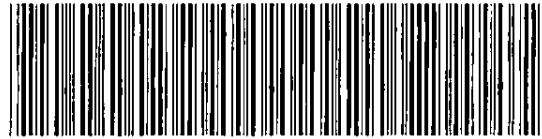
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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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 of State is: Avanza Capital Lending LLC

2. The Florida document/registration number assigned to this limited liability company is: 1.23000165355

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/30/2023

4. I, Kayla R. Delmolino, hereby withdraw/resign as a
(Print Name of Person Resigning)

"AP"/Authorized Person

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. I was included as an "AP" of this company without my consent or authorization.

Kayla R. Delmolino

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

Certificate of mailing: I hereby certify that the foregoing document was sent via email to Avanza Capital Lending LLC, care of Heriberto Velez, Jr., Manager of the Company, at Eddiedelivers@yahoo.com, this

10th day of July, 2023.

Stephen J. Kolas

Print name: Stephen J. Kolas

Date: July 10, 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Avanza Capital Lending 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:

Stephen J. Kolski, Esq.

(Contact Person)

Stephen J. Kolski & Associates, P.A.

(Firm/Company)

2020 Ponce de Leon Blvd, Suite 905A

(Address)

Coral Gables, Florida 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Stephen J. Kolski, Esq.

at (305) 371-9576

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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

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