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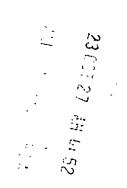
(Requestor's Name)		
(Address)		
(Address)		
(Addiess)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Desumed Number)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
j		
J. HORNE		
10U 7 ccc		
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Office Use Only



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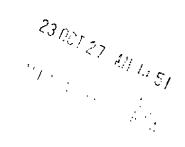


COVER LETTER

Division of Corporations	
SUBJECT: AYA1031, LLC	
(Name of Limited	d Liability Company)
The enclosed member, resignation or dissociati	on and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
MARLENE BERGER	
(Contact Person)	
AYA1031, LLC	
(Firm/Company)	
11925 SW 22 CT	
(Address)	
DAVIE, FL 33325	
(City/State and Zip Code)	
For further information concerning this matter	, please call:
MARLENE BERGER	954 821-9405 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ■ \$25 Filing Fee	the Florida Department of State for: ☐ \$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

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)

	e limited liability company as it a	opears on the records of the Florida Department
		ned to this limited liability company is:
3. The date this m	ember/manager withdrew/resigne	d or will withdraw/resign is:
MATIONAL SA	AFE HARBOR EXCHANGES, INC	
MEMBER		
	(Print Title)	
of this limited lia resignation in w		nited liability company has been notified of my
National Safe By:	Harbor Exchanges, Inc. Red , AVP	
Signature of D	Dissociating Member or Resigning	Manager
	\$25.00 (Required) \$30.00 (Optional)	