

L23000335397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

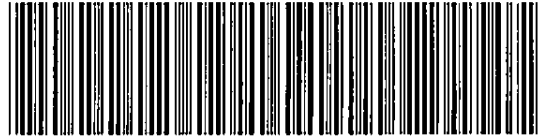
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/06/24--01018--018 **25.00

CLERK OF DISTRICT COURT
STATE OF FLORIDA

PM 3:46

08/06/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEW AVANT-GARDE LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALIBERT, NICOLAS

Name of Person

NEW AVANT-GARDE, LLC

Firm/Company

12555 BISCAYNE BOULEVARD

Address

NORTH MIAMI, FL 33181

City/State and Zip Code

eskisusa@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PARRY Severine

Name of Person

at (305) 490-5727

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



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)

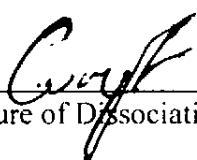
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: NEW AVANT-GARDE LLC

2. The Florida document/registration number assigned to this limited liability company is:
L23000335397

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3/31/2024

4. I, FINOT, CORENTIN, hereby withdraw/resign as a
(Print Name of Person Resigning)
MANAGER
(Print Title)

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


Signature of Dissociating Member or Resigning Manager

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

STATE
OF FLORIDA

PM 3:46