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(Requestor's Name)				
(Ac	ldress)			
(Ac	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(5)	AN			
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Certified Copies	_ Certificates	s of Status		
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SECRETARY OF STATE STATES

J. BRYAN
MAR 1 2 2008
EXAMINER

COVER LETTER

Registration Section

Division of	Corporations			
SUBJECT: AVN	NM General, LLC (Name of Fo	reign Limited Liability C	Company)	
Dear Sir or Madam:				
The enclosed withdra	wal and fee(s) are submitte	ed for filing.		
Please return all corre	espondence concerning this	s matter to the following		
Philip F. Blur	nberg			
	(Name of Person)			5
AVNM Gener	ral, LLC (Firm/Company)			OBMAR II PM 1: 25
				- PM
255 Alhambr	a Circle, Suite 1	100		<u> </u>
	(Address)			230
Coral Gables				
	(City/State and Zip Cod	de)		
For further informati	on concerning this matter,	please call:		
Robert W. Al	oel, Esq.	at (212	403-6733	
(Na	ime of Person)	(Area Code &	Daytime Telephone Number)	
Registration Division of Clifton Buil 2661 Execu	Corporations	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314	
Enclosed is a check	for the following amount	:		
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

AVNM General, LLC (Name of limited liability company)	
(Name of milited hability company)	
Delaware	
(Jurisdiction of its organization)	
This limited liability company is no longer transacting business in Florida and sauthority to transact business in this state.	urrenders its
This limited liability company revokes the authority of its registered agent to accept its behalf and appoints the Department of State as its agent for service of process cause of action arising during the time it was authorized to transact business in Florida.	ot service on s based on a la.
255 Alhambra Circle, Suite 1100 (Mailing address)	_
(Maning address)	
Coral Gables, FL 33134	
(City/State/Zip)	-
The limited liability company agrees to notify the Department of State in the fichange in its mailing address.	uture of any
1 MITAN	
(Signature of Inlember or authorized representative of a member)	
Philip F./Blumberg	
(Typed or printed name of signee)	8 2
	08 MAR
	20 2

Filing Fee: \$25.00