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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

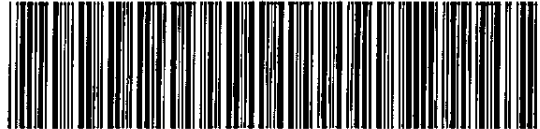
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**TRANSMITTAL LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: AVALON TIDES SPE, LLC  
(Name of Limited Liability Company)

FILED

2002 APR 28 P 2:02

STATE  
TALLAHASSEE, FLORIDA

WITHDRAWAL OF AUTHORITY - APPLICATION  
The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BETH JUNCAL  
(Name of Person)

AVARON CAPITAL GROUP, INC.  
(Firm/Company)

P.O. BOX 2409  
(Address)

LA JOLLA CA 92038  
(City/State and Zip Code)

For further information concerning this matter, please call:

BETH JUNCAL at (858) 551-6865  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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

FILED

MAY 28 PM 2:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AVARON TIDES SPE, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

P.O. BOX 2409

(Mailing address)

LA JOLLA, CA 92038

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

[Signature]  
(Signature of member or authorized representative of a member)

STAN RAY

(Typed or printed name of signee)

Filing Fee: \$25.00