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From:

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Account Number: 120030000062

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 608.416(2) or 608.509, Florida S	tatutes, the undersigned,	
NRAI Services, I	nc.	, hereby resigns as	4
	(Name of Registered Agent)		PS 1
Registered Agent for	Aventi @ Aventura LLC		
**************************************	(Name of Limited Liability Company)		一
M04000001658			TOOK TO
(Document No	unber, if known)		<u>j</u> r
A copy of this resigna	tion was mailed to the above listed limited liabil	ity company at its last k	nown address.
The agency is termina	ted and the office discontinued on the 31st day a	ifter the date on which th	his statement is filed.
	Joh Jot		
If signing on behalf of	(Significance of Resigning Agent) NLAI ServiceS, (n.(
	Leslie Lofton		
	(Typed or Printed Name) Assistant Secretary		
	(Connectiv)		

85.00 Active limited liability company
25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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