

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

M21000002872

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H240002712733ABC

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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : CAPITOL CORPORATE SERVICES, INC.
 Account Number : I20160000048
 Phone : (800)345-4647
 Fax Number : (800)432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT RESIGNATION
 AVENTURA OWNER LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$85.00

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 2024 AUG 13 PM 11:38
 DIVISION OF CORPORATIONS

APPROVED
 FILED
 2024 AUG 13 PM 1:13

AUG 14 2024
 K. Brumble

(((H24000271273 3)))

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Capitol Corporate Services, Inc., hereby resigns as

Name of Registered Agent

Registered Agent for

AVENTURA OWNER LLC

Name of the Limited Liability Company

M21000002872

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Yvette Cleveland

Typed or Printed Name

Assistant Secretary

Capacity

APPROVED AND FILED
2024 AUG 13 PM 1:13
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF STATE

FILING FEES:

- \$ 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- \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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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