

# M22 000002652

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

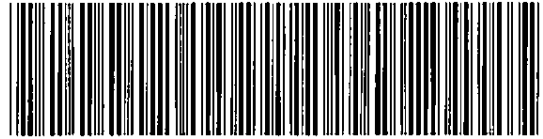
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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2024 NOV - 8 AM 9:31  
SEC - DIV OF STATE  
TALLAHASSEE, FL

FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AvantStay Southeast, LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jesse Suarez

(Contact Person)

AvantStay, Inc.

(Firm/Company)

9901 Brodie Lane, Ste 160 #6012

(Address)

Austin, TX 78748

(City/State and Zip Code)

For further information concerning this matter, please call:

Tanya Thompson

(Name of Contact Person)

at ( 202 )

940-3993

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

**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

2024 NOV -8 AM 9:32  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

FILED



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: AvantStay Southeast, LLC

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

M22000002652


3. The date this member/manager withdrew/resigned or will withdraw/resign is: November 9, 2024

4. I, Jonathan Howard, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Principle Broker

(Print Title)

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

  
Jonathan Howard (Nov 4, 2024 12:53 ES)

Signature of Dissociating Member or Resigning Manager

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

FILED  
2024 NOV -8 AM 9:32  
SEAL OF THE STATE  
TALLAHASSEE, FL




FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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M22000002652
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4. I, Jonathan Howard, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Principle Broker  
*(Print Title)*

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

  
Jonathan Howard (Nov 4, 2024 12:51 CST)

Signature of Dissociating Member or Resigning Manager

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

**FILED**  
2024 NOV -8 AM 9:32  
SEAL OF THE STATE  
TALLAHASSEE, FL