P95000093254

_ []
(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
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☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
<u>J</u>
(Document Number)
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TRANSMITTAL LETTER

Division of Corporation	ons		
_{SUBJECT:} Avenue b	oar and grill		
	(Name of Corporation)		
DOCUMENT NUMBER	P95000093254		
The enclosed Officer/Directo	 etor Resignation for a Corporation and fee are submitted for filin		
Please return all corresponder	nce concerning this matter to the following:		
Barbara Straub	·		
(Naine	of Person)		
Avenue bar and			
(Name of F	irm/Company)		
32 E. Atlantic av	/e.		
(Ad	ldress)		
Delray beach, fl	a. 33444		
(City/State	and Zip Code)		
For further information conce	erning this matter, please call:		
Samuel Cantor	at (561) 982-9555 (Area Code & Daytime Telephone Number)		
(Name of Perso	on) (Area Code & Daytime Telephone Number)		
Enclosed is a check for \$35.0	0 made payable to the Florida Department of State.		
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301		

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

լ Samuel B	anchini	, hereby resign as Secretary		
		. hereby resign as (Title)		
of Avenue b		1		
		Corporation)		
P9500009	I	a corporation organized under the laws of the State of [
(Document Num	er, if known)	a corporation organized index the time of the state of		
florida		1		
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ģ	Samuel Biar	nchini Digitally signed by Samuel Bianchini Date: 2017.12.02 14:05:18 -05:00'		
-	!!	nature of resigning officer/director)		
	(Sigi	interior resigning officer/director)		
	·	1		
		1		
	FILING FEE IS \$35.00			
		1		
Maka	ohooke novabla ta	Florida Department of State and mail to:		
Make	checks payable to	riorida Department of State and man to:		
	n	Amendment Section ivision of Corporations		
		P.O. Box 6327		
	Ta	llahassee, Florida 32314		