P97000041536

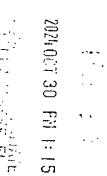
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Office Use Only



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COVER LETTER

| TO: Amendment Section | | |
|--|------------------------|---|
| Division of Corporations | | |
| SUBJECT: AVENTURA PROPERTIES, | INC. | |
| | (Name of Corpo | ration) |
| DOCUMENT NUMBER: P970000415 | 36 | |
| The enclosed Resignation of Registe | red Agent for a Corp | oration and fee are submitted for filing. |
| Please return all correspondence con | cerning this matter to | the following: |
| Stephen Scruby | | |
| (Name of Perso | n) | |
| Nelson Mullins | | |
| (Name of Firm/Con | ıpany) | |
| 50 N. Laura St., Suite 4100 | | |
| (Address) | | |
| Jacksonville, Florida 32202 | | |
| (City/State and Zip | Code) | |
| For further information concerning the | nis matter, please cal | 1: |
| Stephen Scruby | 904 at (| 6653610 |
| (Name of Person) | (Area Co | ode & Daytime Telephone Number) |

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| | | | • |
|--|-----------------------------------|------------|-------------|
| | | 2024 COT | 30 Pii 1: 1 |
| Pursuant to the provisions of sections 607.0503(2), 61 | 7.0502(2), 607.1509, or 617.15 | 509. | |
| Florida Statutes, the undersigned, Daniel B. Nunn, Jr. | | | SSEE, FI |
| (: | Name of Registered Agent) | | " COLE, FE |
| hereby resigns as Registered Agent forAVENTURA PRO | OPERTIES, INC. | | |
| | (Name of Corporation) | | |
| P97000041536 | | | |
| (Document Number, if known) | | | |
| A copy of this resignation was mailed to the above list | ed corporation at its last know | n address. | |
| The agency is terminated and the office discontinued of this statement is filed. | on the 31st day after the date of | ı which | |
| (Signature of Resigni | ng Agent) | | |
| If signing on behalf of an entity: | | | |
| (Typed or Printed) | Name) | | |
| (Capacity) | | | |

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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