

L05000039894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

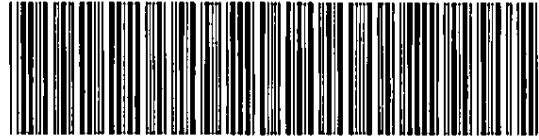
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALPHA DELTA 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:

DORETTE CLIVE
(Contact Person)

PRIVATE INDIVIDUAL
(Firm/Company)

4 HIGH BEECHES
(Address)
QUEENS ROAD
WEYBRIDGE SURREY KT13 0AF
(City/State and Zip Code)

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For further information concerning this matter, please call:

DORETTE CLIVE at (V/K) 01932 828445
(Name of Contact Person) (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

CHECK NO 0266

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

**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: ALPHA DELTA, LLC.

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

L05000039894

3. The date this member/manager ~~withdrew~~/resigned or will withdraw/resign is: 1/SEPTEMBER

CLIVE

2018

4. I, DORETTE SCHEFFLER hereby ~~withdrew~~/resign as a

(Print Name of Person Resigning)

~~MANAGER~~ MEMBER

(Print Title)

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

Dorette Scheffler-Clive

Signature of Dissociating Member or Resigning Manager

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

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TALLAHASSEE, FLORIDA