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(Requestor's Name)

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(Address)

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

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

PICK-UP     WAIT     MAIL

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

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

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

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08/26/08--01016--009 \*\*25.1

SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA

M. THOMAS

SEP 29 2008

EXAM

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Alliance Investments & Associates, LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Rafael A. Verde  
(Contact Person)

Alliance Investments & Associates LLC  
(Firm/Company)

3900 NW 79 Ave  
(Address)

Doral Fl. 33166  
(City/State and Zip Code)

For further information concerning this matter, please call:

Rafael A. Verde at (786) 573 4882  
(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

**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

08 SEP 26 AM 10:29  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER  
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

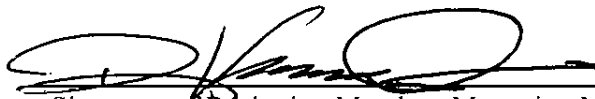
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: ALLIANCE INVESTMENTS & ASSOCIATES LLC

2. This limited liability company was organized under the laws of: Florida

3. The Florida document/registration number of this limited liability company is: LO800000339169

4. I, RAFAEL A. VERDE, hereby resign as a Managing Member  
(Print Name of Person Resigning) (Print Title)

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

  
\_\_\_\_\_  
Signature of Resigning Member, Managing Member or Manager

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA