## 111000134125

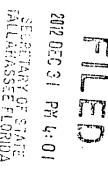
(Re	equestor's Name)			
(Ad	ldress)			
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PICK-UP	WAIT	MAIL MAIL		
(Business Entity Name)				
(Document Number)				
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D. BRUCE
JAN 0 3
EXAMINER

## **COVER LETTER**

Division of Corporations					
Alpha Dobort II C					
SUBJECT: Alpha Robert, LLC (Name of Limited Liability Company)					
The enclosed member, managing member or manager resig filing.	nation and fee(s) are submit	ted for	•		
Please return all correspondence concerning this matter to:					
Ross P. Beckerman	_				
(Contact Person)					
Tim A. Shane P.A.					
(Firm/Company)	_				
4400 N. Federal Highway, Suite 307		PER	2012		
(Address)	_		030		
Boca Raton, FI 33431		XRY YSSE	<u>(')</u>		
(City/State and Zip Code)	-	100 100 100	×		
For further information concerning this matter, please call:		STATE	PX 4:01		
Ross P. Beckerman at ( 561	886-5580				
(Name of Contact Person) (Area Code	& Daytime Telephone Number	er)			
Enclosed please find a check made payable to the Florida I  \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy				
STREET/COURIER ADDRESS:	MAILING ADDRESS:		٠		
Registration Section Division of Corporations	Registration Section Division of Corporations				
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	ł			

CR2E079 (5/06)

TO:

Registration Section



## 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 a of State is: Alpha Robert, LLC	ppears on the records of the Florida Department
2. This limited liability company was organized und Florida	der the laws of:
3. The Florida document/registration number of this L11000134125	s limited liability company is:
4.I Herve Couret	_, hereby resign as a MGRM
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the lir resignation in writing.  Signature of Resigning Member, Managing Mem	

\$25.00 (Required) \$30.00 (Optional)

Filing Fee:

Certified Copy: