

L17000090481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

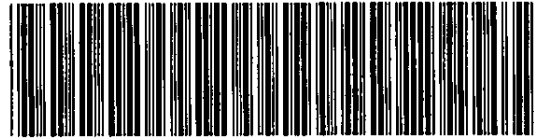
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TALLAHASSEE, FLORIDA

K. SALY  
MAR 29 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Alpha Beta Gamma Risk Management, 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:

Curtis L. Lyman.  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

301 Lake Shore Dr. #304  
(Address)

West Palm Beach, FL 33403  
(City/State and Zip Code)

For further information concerning this matter, please call:

Curtis L. Lyman. at (561) 207-6399  
(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



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**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 Beta Gamma Risk Management LLC

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

L17000090481

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02/28/2018

4. I, Nayden A. Dawes, hereby withdraw/resign as a

(Print Name of Person Resigning)

Member

(Print Title)

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

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 15, 2018

ALPHA BETA GAMMA RISK MANAGEMENT PLLC  
CURTIS L LYMAN  
3801 PGA BLVD, STE. 600  
PALM BEACH GARDENS, FL 33410

SUBJECT: ALPHA BETA GAMMA RISK MANAGEMENT, PLLC  
Ref. Number: L17000090481

We have received your document for ALPHA BETA GAMMA RISK MANAGEMENT, PLLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 518A00005310

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2018 MAR 27 AM 10:40

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA