

L17000 110503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

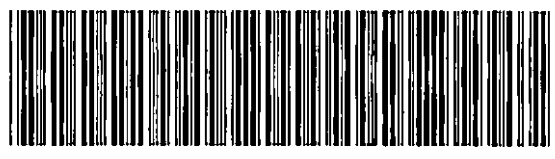
(Business Entity Name)

(Document Number)

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OCT 27 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alba Cleaning 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:

Astrit Turrabi
(Contact Person)

Alba Cleaning LLC
(Firm/Company)

3547 53RD AVE. W. - #135
(Address)

Bradenton, FL 34210
(City/State and Zip Code)

DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA
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For further information concerning this matter, please call:

Astrit Turrabi at (941) 348-5436
(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



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: Alba Cleaning LLC

2. The Florida document/registration number assigned to this limited liability company is: 17000110503

3. The date this member/manager withdrew/resigned or will withdraw/resign is: August 1, 2018

4. I, Ilija Dragun, hereby withdraw/resign as a
(Print Name of Person Resigning)

member, mgr.
(Print Title)

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

Ilija Dragun

Signature of Dissociating Member or Resigning Manager

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

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA