120000012507

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT . MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



600376842426

12/02/21--01012--018 **25.00

Parionation

DEC 21 2021

ALBRITTON

COVER LETTER

TO: Registration Section

Division of Corporations

ALPHA WATER LLC

SUBJECT:

(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:

NAIZA REYES

(Contact Person)

ALPHA WATER LLC

(Firm/Company)

304 ALEXZANDER WAY

(Address)

WINTER HAVEN FL 33881

(City/State and Zip Code)

For further information concerning this matter, please call:

NAIZA REYES

407

738-1641

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

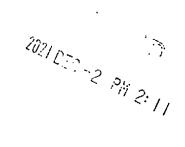
Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E079 (2/14)





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 ALPI of State is:	limited liability company IA WATER LLC	as it appears on the records of the Florida Department
2. The Florida doci L20000012507	ument/registration number	assigned to this limited liability company is:
		10/27/2021
ELVIS DIAZ REYES 4. I,		, hereby withdraw/resign as a
MGR		
	Print Title)	
of this limited lial resignation in wr		the limited liability company has been notified of my
Signature of Di	ssociating Member or Res	igning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	