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-	(Requestor's Name)
	(Address)
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	(Address)
	(City/State/Zip/Phone #)
	(Oity/State/Zip// Hone #)
, PICK-L	JP WAIT MAIL
1	(Business Entity Name)
	(Document Number)
Certified Conies	Certificates of Status
Special Instruction	ns to Filing Officer
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	Office Use Only



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SECRETARY OF STATE



S C C D

COVER LETTER

TO: Registration Section Division of Corporations	ı	G 41	
DOCUMENT NUMBER:	Mraching UL/CASS of Limited Liability Company)		10
The enclosed Resolution of the members, man name for use in Florida and fee are submitted	nagers, or other authorized person I for filing.	ons to Withdraw the Alte	rnate
Please return all correspondence concerning th	nis matter to the following:		
DOMA + MONA ST (Name of Contact Person)	MM_	~)	
Alpha Robing + Commany)	ching LU	2024 HAR 26 AM 11: 14 SECRETARY OF STATE TALLAHASSEE, FL	
8409 Alwu Fair Cir. (Address)	St. 101	26 AMII NY OF S NASSEE.	
Tanpa 1 33 610 (City/State and Zip Code)		FL TATE	
For further information concerning this matte	er, please call:		
(Name of Contact Person)	at (813) 401. D (Area Code) (Daytime Telepho	one Number)	
Enclosed is a check made payable to the Flor	rida Department of State for the f	following amount:	
\$25.00 Filing Fee	☐\$55.00 Filing Fee & Certified Copy (Additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (Additional copy is enclosed)	
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Sect Division of Corp	orations	

The Centre of Tallahassee

Tallahassee. FL 32303

2415 N. Monroe Street, Suite 810

CR2E128 (2/14)

P.O. Box 6327

Tallahassee. FL 32314

RESOLUTION TO WITHDRAW ALTERNATE NAME IN THE STATE OF FLORIDA PURSUANT TO 605.0906 (1), FLORIDA STATUTES

I, the undersigned, do hereby certify that I am the Authorize	d Person of
Alpha Rooting of Convaring LC (Name of Limited Liability Company)	, a limited liability
company duly organized and existing under the laws of(S	State or Country of Organization)
Because the name of this foreign limited liability company n Florida Statutes, the limited liability company hereby renour alternate name in the state of Florida:	
pa Storm Contracting UC	2024 HAR 26 SECRETAR TALL AH
(Alternate Name Renounced in State	3-21-UES
Signature of Authorized Person	Date TA -

Make check payable to Florida Department of State and mail to:

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

CR2E128 (2/14)