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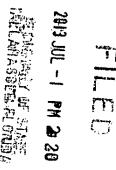
(Requestor's Name)				
(Ad	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
JUL = 8 2013				
A. LUNT				
	<u> </u>			

Office Use Only



800249320408

07/01/13--01012--004 \*\*\$5.00



#### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Aalpine Lending, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Tammy S Bruce

(Contact Person)

Aalpine Lending, LLC

(Firm/Company)

1800 Hwy 87 Suite G

(Address)

Navarre, FL 32566

(City/State and Zip Code)

For further information concerning this matter, please call:

Tammy S Bruce

<sub>3.6</sub>850

324-5844

(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

CR2E079 (5/06)



### 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 of State is:	limited liability company as Aalpine Lending, LLC	t appears on the records of	f the Florida Department
2. This limited liab	vility company was organized	under the laws of:	PH 228
3. The Florida doc L1300004	ument/registration number of 8593	this limited liability comp	any is:
· · · · · · · · · · · · · · · · · · ·	Nicholson	, hereby resign as a N	Managing Member
of this limited lia resignation in wr	bility company and affirm the iting.  Managing Member, Managing M	ds_	(Print Title)  has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		

CR2E079 (5/06)