

W05000073849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

W05-73849

(Document Number)

Certified Copies

1

Certificates of Status

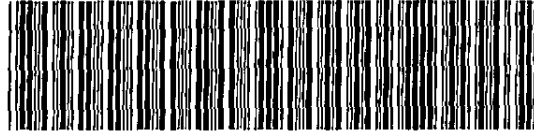
Special Instructions to Filing Officer:

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05 OCT 19 PM 3:16

CLERK OF COURT
TALLAHASSEE, FLORIDA

905A00064241

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alcove Investments LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Fahad Al-Shamlan
(Name of Person)

Alcove Investments LLC
(Firm/Company)

888 Brickell Key Suite 400
(Address)

Miami FL 33131
(City/State and Zip Code)

For further information concerning this matter, please call:

Elizabeth Marti at (305) 726-5729
(Name of Person) (Area Code & Daytime Telephone Number)

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee &
Certified Copy



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Fahad Al-Shamlan, hereby resign as Manager
(Title)
of Alcora Investments,
(Limited Liability Company)
a limited liability company organized under the laws of the State of Florida,
and affirm that the limited liability company has been notified in writing of the resignation.

[Signature]
(Signature of resigning manager, managing member or member)

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE FLORIDA