

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110001364673)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

from:

Account Name

: JIM SIERRA & ASSOCIATES

Account Number: 110677000356 Phone

: (305)271-7310

Fax Number

: (303)271-4422

**Enter	the	email	address	for	this	busine	2 S S	entity	to	be	used	for
an:	nual	repor	t mailin	qs.	Enter	only o	one	email.	add:	r e se	ple	ago. 1

Email Address:

## LLC REGISTERED AGENT RESIGNATION INVERSIONES ALB, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$85.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

5/20/2011

## (((H110001364573))) COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	INVERSIO			
	Name of Limit	od Libbility	Company	
DOCUMENT NUMBER:		<u> 1050001</u>	103222	
The enclosed Resignation of Refor filing.	egistered Agent fo	r a Limited	d Liability Company and fee are su	bmitted
Please return all correspondence	e concerning this	natter to t	he following:	
JiM SIE	RRA		_	
Name of	Person			
TAXSMAF			_	
Name of Firm	/Company		•	
5550 SW 87	AVENUE		-	
Addre	289			
MIAMI, FL	. 33165			
City/State and	Zip Code		•	
SIERRATAXES	GMAIL.COM			
E-mail address: (to be used for	iuture annual report ne	dification)		
For further information concern	ing this matter, pl	ease call:		
JIM SIERRA	at (	305	271-7310 & Daytime Telephone Number	
Name of Person		Arca Code	& Daytime Telephone Number	
		•		
Enclosed is a check made payal liability company or \$25.00 for limited liability company.	ole to the Florida I an administrative	Departmen y dissolve	at of State for \$85.00 for an active lied, voluntarily dissolved or withdra	imited wn

MAILING ADDRESS:

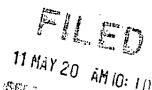
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(((H110001364673)))

(((H110001364673)))



## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, JIN	/ SIERRA
	(Name of Registered Agent)
nereby resigns as Registered Agent for	INVERSIONES ALB, LLC
• •	(Name of Corporation)
L05000103222	
(Document Number, if known)	<del></del>

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

If signing on behalf of an energy:

JIM SIERRA

(Typed or Printed Name)

REGISTERED AGENT

(Capacity)

## Fee for filing this document:

\$87.50 - Active corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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

(((H110001364673)))