

Division of Corporations

Page 1 of 1

L05000103222

Florida Department of State
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.

(((H11000136467 3)))



H110001364673ABC3

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 : (305) 271-4422

**Enter the email address for this business entity to be used for the annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
11 MAY 20 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

11 MAY 20 PM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

RA Resign

Electronic Filing Menu

Corporate Filing Menu

Help

(((H110001364673)))

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INVERSIONES ALB, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L05000103222

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JIM SIERRA

Name of Person

TAXSMART, LLC

Name of Firm/Company

5550 SW 87 AVENUE

Address

MIAMI, FL 33165

City/State and Zip Code

SIERRATAXES@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JIM SIERRA

Name of Person

at (305)

271-7310

Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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**FILED
11 MAY 20 AM 10:10SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, JIM SIERRA

(Name of Registered Agent)

hereby resigns as Registered Agent for INVERSIONES ALB, LLC

(Name of Corporation)

L05000103222

(Document Number, if known)

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.


(Signature of Resigning Agent)

If signing on behalf of an entity:

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

(((H110001364673)))