(Requestor's Name)				
(Address)				
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COVER LETTER

	istration Section ision of Corporations		
	A.I. Warshouse III I.I.C.		
SUBJECT		nited Liability Co	ompany)
The analoge			
THE CHCIOSE	ed member, resignation or dissoci	iation and fee((s) are submitted for filing.
Please retur	n all correspondence concerning	this matter to	:
Fred E. Glick	man		
	(Contact Person)		_
Fred E. Glick	man, P.A.		
	(Firm/Company)		
9200 S Dadel	and Blvd, Ste. 508		
	(Address)		_
Miami, FL 33	156		
	(City/State and Zip Code)		_
For further i	nformation concerning this matte	er, please call:	:
Fred E. Glicks	nan	305 at (670-0987
7)	Jame of Contact Person)		e & Daytime Telephone Number)
Enclosed ple	ease find a check made payable to	o the Florida I	Denartment of State for:
□ \$25 Filin	g Fee		g Fee & Certified Copy
Regi Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



FILED 2021 OCT 13 PM 4: 23 SECRETARY OF STATE TALLAHASSEE, FIL

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

i	The name of the limited liability company as it appears on the records of the Florida Department of State is: A.L. Warehouse III, LLC
2.	The Florida document/registration number assigned to this limited liability company is: L06000022507
	The date this member/manager withdrew/resigned or will withdraw/resign is: \(\lambda \) \(\lambda
•	(Print Title) of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Signature of Dissociating Member or Resigning Manager
	ling Fee: \$25.00 (Required) ertified Copy: \$30.00 (Optional)