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EXAMINER



COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: A.L.O. Mäinter (Name of Limited Liab)			
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.			
Please return all correspondence concerning this ma	tter to:		
Wallace A. Oglesby (Contact Person)	JR_		
A.L.D. Maintenance, LL (Firm/Company)	<u>C</u> , w 1 , 5 1		
2329 2nd Ame SE	5 m 1 m		
Vero Beach, R 32963 (City/State and Zip Code) For further information concerning this matter, please call: Lacy Cgl-wby & Wallace Ogl-gby-R (Name of Contact Person) (Area Code & Daytime Telephone Number) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$555 Filing Fee \$ Certified Copy			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as it appears on the re-	
2. This limited liabili	ty company was organized under the laws of:	
3. The Florida docum	nept/registration number of this limited liabili	ty company is:
4. I, Lacy (Print Nam	e of Person Resigning), hereby resign	nasa Mankger/member
	ity company and affirm the limited liability c	company has been notified of my
resignation in writing) Leshy	A STATE OS
Signature of Resign	ning Member, Managing Member or Manager	r Device the second sec
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	
certifica copy.	φοιου (Optional)	