

LDL00005111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

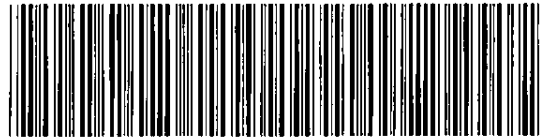
(Document Number)

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AUG 26 2024

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CLERK OF COURT  
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AlphaQ Advisors LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L06000051117

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:

Paul J Hershiser

Name of Person

AlphaQ Advisors LLC

Name of Firm/Company

941 W Morse Blvd, Suite 100

Address

Winter Park, FL 32789

City/State and Zip Code

srizvi@alphaqadvisors.com

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

For further information concerning this matter, please call:

Paul J. Hershiser

at ( 407 ) 420-1421  
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Paul J. Hershiser

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for AlphaQ Advisors LLC

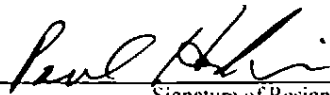
\_\_\_\_\_  
Name of Limited Liability Company

L06000051117

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

## **FILING FEES:**

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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

FILED  
2024 AUG 19 AM 10:50  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

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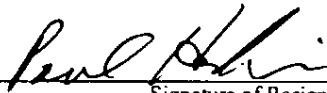
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JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA