

LO6 000103854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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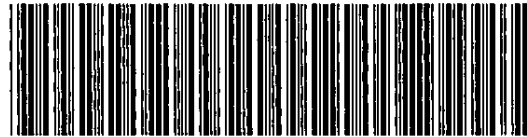
(Business Entity Name)

(Document Number)

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T. CLINE

OCT - 9 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 25, 2012

GUSTAVO BAEZ  
1000 BRICKELL AVENUE, SUITE 715  
MIAMI, FL 33131

SUBJECT: ALO LLC  
Ref. Number: L06000103854

We have received your document for ALO LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline  
Regulatory Specialist II

Letter Number: 512A00023943

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**ALO LLC.**

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L06000103857

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:

**GUSTAVO BAEZ**

\_\_\_\_\_  
Name of Person

**GLOWIMAGES, INC.**

\_\_\_\_\_  
Name of Firm/Company

**1000 BRICKELL AVE. SUITE 715**

\_\_\_\_\_  
Address

**MIAMI, FL 33131**

\_\_\_\_\_  
City/State and Zip Code

**agiraldo@glowimages.com**

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

For further information concerning this matter, please call:

**Alba Giraldo**

\_\_\_\_\_  
Name of Person

at ( **786** )

**866 7830**  
\_\_\_\_\_  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,  
**CORPORATION SERVICE COMPANY**

\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for **ALO LLC.**

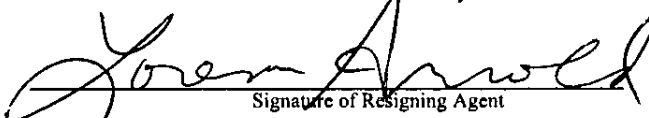
\_\_\_\_\_  
Name of Limited Liability Company

**L06000103854**

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:

**LORENA ARNOLD**  
Typed or Printed Name

**MANAGING MEMBER**  
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

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