

107000001437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

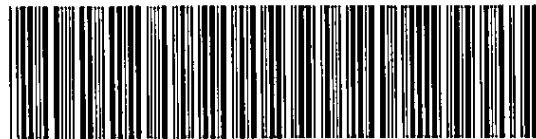
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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APR 16 2019
T. LEVINEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alvachem LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Carlos Alvarado

(Contact Person)

Alvachem LLC

(Firm/Company)

1340 Manucy Road

(Address)

Fernandina Beach, FL, 32034

(City/State and Zip Code)

For further information concerning this matter, please call:

Carlos Alvarado

(Name of Contact Person)

904

7533473

at (_____) _____

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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



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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Alvachem LLC
2. The Florida document/registration number assigned to this limited liability company is:
L07000001437
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2/19/2019
4. I, Jennifer Feitel Alvarado, hereby withdraw/resign as a
(Print Name of Person Resigning)
Managing Director
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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2019 APR -8 PM 1:34
TALLAHASSEE, FLORIDA

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