## 10000024659

(Req	uestor's Name)				
hhA)	ress)				
() loss	.000)				
(Add	ress)				
(City	/State/Zip/Phone	<del></del>			
(		,			
PICK-UP	☐ WAIT	MAIL			
, (Bus	iness Entity Name	e)			
(Doc	ument Number)				
Certified Copies	Cortificatos	of Statue			
Certified Copies	Certificates	Ji Status			
Special Instructions to Filing Officer:					
·					





000166979630

01/28/18--01021--007 \*\*50.60

10 JAN 28 AH II: 25
THE STATE OF STATE OF STATE

S. HAWKES

JAN 2 & 2010

**EXAMINER** 

## **COVER LETTER**

TO:	TO: Registration Section Division of Corporations					
SUBJ	ECT: _	Alliad	s Mn (Name	BAQ STO	ity Com	LLC_
The er filing.	nclosed m	ember, ma	naging men	nber or manage	г r <b>es</b> ig	nation and fee(s) are submitted for
Please	return al	correspon	dence conc	eming this mat	ter to:	
	Don	R L	IVIN CS	TONE, E	<u>Isg</u>	-
 			/Company)	. /2		_
<u>~</u>	161	5 W	132 idress)	st #	20	-
<u></u>	rian	(City/Star	te and Zip Code	3176		-
For fu	rther info	rmation co	ncerning thi	is matter, please	e call:	
D	シレ R (Nam	L   V   W	Scton, Person)	gat ( <u>3</u> (Area	.05 a Code	665-1321 & Daytime Telephone Number)
Enclos	sed please	find a che		yable to the Flo		Department of State for: 655 Filing Fee & Certified Copy
Regist Divisi Cliftor 2661 J	tration Se on of Cor n Building Executive	porations	cle			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

## FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS** RESIGNATION OF MEMBER, MANAGING MEMBER OR MANA

	limited liability company a		of the Florida Department
of State is:	Allind Mr. Ban	sloof LLC	· · · · · · · · · · · · · · · · · · ·
2. This limited liab	ility company was organize	ed under the laws of:	
FL	URIDA		
		<del>-                                    </del>	
3. The Florida docs	ument/registration number of	of this limited liability com	nany is:
	D 246 59	or uns minuce natinty com	party 15.
	250)	·	
4 I ANTHONY	J RICCIO	hereby resign as a	MEMBAY
(Print N	J RICCIO  Vame of Person Resigning)	,	(Print Title)
of this limited lia	bility company and affirm t	he limited liability compan	y has been notified of my
resignation in wr	iting.		
11 4	- // //.		
	Mach / Micio		
signature of Res	igning Member, Managing	Member or Manager	
,		-	
Filing Fee:	\$25.00 (Required)		
<del>-</del>	\$30.00 (Optional)		