## L0700004809a

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
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(Dusiness Entity Norms)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Considerations to Filtre Officer	·
Special Instructions to Filing Officer:	
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SECRETARY OF STATE
AND ANASSEF, FLORIDA

## **COVER LETTER**

Division of Corporations	
SUBJECT: Alleans Holdings Gr. (Name of Limited L	iaBility Company)
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this i	matter to:
Luis Barrios (Contact Person)	
(Contact Person)	DECR SECR
Alleanzo Devolupnont Group, La (Firm/Company)	2007 AUG 10 P 12: 59 SECRETARY OF STATE ALLAHASSEE, FLORID
5046 NW 7 St #696 (Address)	
Miami FL 33126 (City/State and Zip Code)	
For further information concerning this matter, pl	ease call:
Luis Corries at ( (Name of Contact Person)	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for:  \$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

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the lin	nited liability company	as it appea	irs on the reco	rds of the Flo	rida Depa	rtment
of State is: All-	eanza Holdings	Grap	<u>, L-LC</u>			·
	•	•				
2. This limited liabili	ty company was organi	ized under (	he laws of:	TA.	· =	
FLORIDA		_		ירר. ירר,		
			,	H.C	2001 AUG 10 P 12:	(35:35) Carriers
2 The Fig. 14 decree		af this lim	dead liability	S. Common of the	NRY 0-10	g-37-3
	nent/registration numbe	er of this iiii	med naomity (	company 1824	₹ n	8 8 8
L 0700004		·		FLC	15 IS	
4. I. Ramon T	De Cortada  ne of Person Resigning)	. h	ereby resign as	s a Manage	ATE Me.	ber
(Print Nam	ne of Person Resigning)		, ,	$q_{Pr}$	tht Title)	·
of this limited liabil	ity company and affirn	n the limite	d liability com	pany has bee	n notified	of my
resignation in writing	ng,					
uy						
$\infty$	7					
	ling Member, Managin	g Member	or Manager			
V						
Filing Fee:	\$25.00 (Required)					
Certified Copy:	\$30.00 (Optional)					