# 127000053189

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(R	equestor's Name)					
. (A	ddress)					
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(C	ity/State/Zip/Phone	#)				
PICK-UP	☐ WAIT	MAIL				
(B	usiness Entity Nam	е)				
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
4. -						
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**EXAMINER** 



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535 CENTRAL AVE., SUITE 301 ST. PETERSBURG, FLORIDA '33701'

PH 727-894-2626 \* FAX 727-894-3609 \* CELL 727-641-6677 EMAIL rtavislaw@aol.com

RICHARD T. AVIS *ALSO ADMITTED IN:	OF COUNSEL:		
NEW YORK * ILLINOIS * MIDDLE DIST. OF FL.	REFER TO FILE NO:		
	July 2, 2010		
Florida Division of Corporations To Whom It May Concern:			
RE: Dupont Alliance Properties, LLC Document Number: L07000053189			
Please be advised that my name was added by as "MGR" without my knowledge or consent. I management capacity or function for this comp removed from the Detail screen.	this company via a previous annual report filing have not at any time participated in any and therefore I request that my name be		
procedurally remove my name from the Detail s	ivision of Corporations that the form necessary to screen was the Resignation form which is also letter along with the Resignation form to clarify the		
Thenk you.	·		
Richard Avis, Attorney at Law			
STATE OF FLORIDA ) COUNTY OF PINELLAS )			
	, who is personally known to me or		
who has produced Revsmelly Known	as identification and who did take an oath.		
	Il consulta		
	Name: Public, State of Incoletti		
	Large JOHN C. GIACOLETTI		
Cc: Dupont Alliance Properties, LLC	Commission DD 702245 Expires August 24, 2011		

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Dugant Alliance (Name of Limited Li	ability Company)
The enclosed member, managing member or mana filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this n	natter to:
RULL AVIS, Es,	
Atterney	; ;
(Firm/Company)	201
535 Cendral Ave Suide	·
St Veter, Swa F1 33	701
For further information concerning this matter, ple	ease call:
(Name of Contact Person) at (A	717) 894-2626  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:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	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

	mited liability company as i			Florida Department
2. This limited liabili	ty company was organized つんな	under the laws of:	•	
	nent/registration number of	this limited liabilit	y company is	:
4. I, Richard	ne of Person Resigning)	, hereby resign	. 45 4	MGR (Print Title)
of this limited liabi resignation in writi	lity company and affirm the	limited liability co	ompany has b	een notified of my
Signature of Resign	ning Member, Managing Me	ember or Manager	- · · · · · · · · · · · · · · · · · · ·	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			10 JUL -8 P