L07000078373

(Requestor's Name)	_			
(Address)				
(Address)	_			
(City/State/Zip/Phone #)	_			
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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10/24/07--01037--006 **25.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

T Hampton OCT 2 5 2007

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ALPHA CONSULTING &	
(Name of Limited	Liability Company)
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
ALFREDO VEGA	•
(Contact Person)	
	•
(Firm/Company)	
11541 SW 81 TERR	
(Address)	
MIAMI, FL 33173	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
ALFREDO VEGA at	(305) 582-8713
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	ne Florida Department of State for:
✓ \$25 Filing Fee	\$55 Filing Fee &
_	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	he limited liability company as LPHA CONSULTING &		
	ability company was organized TE OF FLORIDA	l under the laws of:	
3. The Florida do L070000	ocument/registration number of 78373	f this limited liability cor	mpany is:
4. I, ALFRED	O VEGA t Name of Person Resigning)	, hereby resign as a	MGRM (Print Title)
of this limited leading resignation in the	liability company and affirm the writing.		,
Signature of R. Filing Fee:	esigning Member, Managing M \$25.00 (Required)	1ember or Manager	07 0

Certified Copy:

\$30.00 (Optional)