## 1080000223342

(Requestor's Name)
(Address)
•
(Address)
, , ,
(City/State/Zip/Phone #)
, , , , , , , , , , , , , , , , , , , ,
☐ PICK-UP ☐ WAIT ☐ MAIL
(Dusiness Entitle Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
, and the second
, , ,

Office Use Only



300155655313

05/08/09--01018--014 \*\*25.00

ZIND HAY -8 AM 11:35
SECRETARY OF STATE
SECRETARY OF STATE

M. THOMAS

MAY 1 1 2009

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: General Allian (Name of Limited I	Liability Company)
The enclosed member, managing member or mar filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Charles A. Schillinger (Contact Person)	matter to:  - Esquire  - Esquire  - A.  - B.  - B. A.  - B.  - B. A.  - B.  - B. A.  -
Schillinger & Colem:	an, P.A.
1311 Bedford Drive	
(Address)	
Melbourne, Fe. 326 (City/State and Zip Code)	î40_
For further information concerning this matter, p	lease call:
(Name of Contact Person)  Enclosed please find a check made payable to the \$25 Filing Fee	e Florida Department of State for: \$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



## 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 comp	any as it appears on th	ne records of the Fl	orida Department	
of State is:	peneral	Alliance	LLC	. 13	
2. This limited liabilit		ganized under the laws		BECRETARY OF SALLAHASSEE, F	
3. The Florida docum	ent/registration nur	nber of this limited lia	bility company is:	WIT: 35 EE, FLORIDA	
4. I, 2 ich 2. (Print Nam	LaDreu e of Person Resigning)	, hereby re	esign as a Me	mber/Nan.	ager
of this limited liabili	•	firm the limited liabili	ty company has be	en notified of my	
Reland.	Ca Dient				
Signature of Resign	ing Member, Mana	iging Member or Man	ager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				