L07000039411

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificate	s of Status
	_	
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Section

Division of Corporations

ALLWAYS CONSULTING, LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

HAROLD L. KOPPE

(Contact Person)

ALLWAYS CONSULTING, LLC

(Firm/Company)

1103 Saddleback Ridge Drive

(Address)

Apopka, Florida 32703

(City/State and Zip Code)

For further information concerning this matter, please call:

HAROLD L. KOPPE

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the 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

	limited liability company as	it appears on the records of the G, LLC	ne Florida Department
2. This limited liab	ility company was organized	l under the laws of:	
3. The Florida docu L080000394		f this limited liability compan	y is:
(Print N	ame of Person Resigning) Dility company and affirm th	hereby resign as a Par	(Print Title)
-	gning Member, Managing N \$25.00 (Required)	Member or Manager	2013 DEC -2 SECRETARY TALLAHASSI
	\$30.00 (Required) \$30.00 (Optional)		PILEI DEC -2 PM RETARY OF AHASSEE.