## L08000088894

(Re	equestor's Name)			
(Ad	dress)			
(Ad	idress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
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2012 APR -9 AM 8: 45

-9 AM 8: 45

J. SAULSBERRY EXAMINER

APR 10 2012

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Aldrea, LLC		
(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:	
Susana Jimenez		
(Contact Person)		
La Primera Interanational Corporation	on 7ALL	
(Firm/Company)	APP ·	
888 Brickell Avenue, PH	2012 APR -9 SEGRETARY ALLAHASSEI	
(Address)	For ₹	
Miami, Florida 33131	AM 8:45	
(City/State and Zip Code)		
For further information concerning this matter, p	lease call:	
Joseph Hassan at (	305 3713001	
(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:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314	
TOT MANAGETO COLLOS CHOIC	1 WITH COUNTY 1 101144 CAC 1 1	

CR2E079 (5/06)

Tallahassee, Florida 32301

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## 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 of State is: Ald	limited liability company as it appears on the records of threa, LLC	ie Flori	ida Dep	oartme	nt
2. This limited liability company was organized under the laws of:  Florida  .			SECRETAF TALLAHAS	2012 APR -9	anad.
L08000088			OF STATE SEE, FLORIDA	9 AM 8: 45	
	an/American Capital Alliance_, hereby resign as a Ma ame of Person Resigning)		t Title)		•
•	pility company and affirm the limited liability company ha		,	d of m	у
Signature of Resi	gning Member, Managing Member or Manager	- All	lian	c <i>E</i>	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				