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COVER LETTER

TO:		tration Section ion of Corporations			
SUBJ	Alykay Investments LLC				
	EC1.	(Name of Limited Liability Company)			
The e	nelosec	l member, resignation or dissociat	ion and fee(s)	are submitted for filing.	
Please	e return	all correspondence concerning th	is matter to:		
Jose	Leoar	ardo	,	_	
		(Contact Person)			
Law	Offices	s of Jose J. Leonardo, Esq.			
		(Firn/Company)			
500 :	S. Dixi	e Highway, Suite 204		_	
		(Address)			
Cora	ıl Gabl	es, FL 33146		_	
	·	(City/State and Zip Code)		-	
For fi	urther i	nformation concerning this matter	r, please call:		
Jose	Leon	ardo	305 at (275-9177	
	1)	Name of Contact Person)	(Area Code	2 & Daytime Telephone Number)	
	osed pl 25 Filin	ease find a check made payable to g Fee	the Florida I	Department of State for: 3 Fee & Certified Copy	
Regi Divi: Clift 2661	stratior sion of on Bui Execu	COURIER ADDRESS: Section Corporations Iding tive Center Circle , Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

CR2E079 (2/14)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it	appears on the records of the Florida Department
		gned to this limited liability company is:
L08000117271	1	
3. The date this me	mber/manager withdrew/resig	ned or will withdraw/resign is:
		, hereby withdraw/resign as a
(Print N	ame of Person Resigning)	
Member 2/1	MRAD RAULET -	
	(Print Title)	
of this limited lia resignation in wr		limited liability company has been notified of my
Rivarlo	Lange Consisting Member or Resigni	ang Manager
Signature of 17	issuciating member of Resign	
Filing Fee:	\$25.00 (Required)	
-	\$30.00 (Optional)	