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SECRETARY OF STAFE
FALLAHASSEE, FLORIDY

K. SALY JUN 23 2017

## COVER LETTER

	: Registration Section Division of Corporations				
SUBJI	FCT.	AnnAlice LLC			
	.,,,,,,,,	(Name	of Limited Liability	Company)	-
				ee(s) are submitted for filing.	
Please	return	all correspondence conce	rning this matter	to:	
Doree	en Sco	ott			
	<del></del> .	(Contact Person)			
	lice Ll				
	·	(Firm Company)	•		
2107	Hamn	nock Pk Ct			
		(Address)			
Trinity	y. Flor	ida 34655			
		(City-State and Zip Code	)	<del></del>	
For fu	rther ii	iformation concerning this	s matter, please c	all:	
Doree	en Sco	ott	727	505-9658 ) Tode & Daytime Telephone Numbe	
*** *	(N	ame of Contact Person)	(Area C	ode & Daytime Telephone Numbe	r)
	sed ple Fifing			la Department of State for: ling Fee & Certified Copy	
Regist Divisio Cliftor 2661-1	ration on of C 1 Build Executi	OURIER ADDRESS: Section Corporations ling ive 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)

	e limited liability company as it Alice LLC	appears on the records of the Florida Department
2. The Florida doe L0900000411		gned to this limited liability company is:
3. The date this me	ember/manager withdrew/resig	ned or will withdraw/resign is:
		, hereby withdraw/resign as a
Administrator		
	(Print Title)	
resignation in wr	· -	limited liability company has been notified of my
	issociating Member or Resigni	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	