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EXAMINER



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10 MAY 10 PM 12: 3

SECRETARY OF SHAFE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Alba Holdings LLC	
(Name of Limi	ited Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
Diana Giovanna	
(Contact Person)	
Alba Holdings LLC	
(Firm/Company)	
PO BOX 66563	· .
(Address)	
St. Petersburg 33736-6563	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
Patricia Nevins	at (727) 742-3893
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	o the Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

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 ap a Holdings LLC	ppears on the records of the Florida Department	
2. This limited liab F.S.607.08	ility company was organized undo	er the laws of:	
3. The Florida docu L09000041	nment/registration number of this	s limited liability company is:	
4. I. UPCHURO	CH, DONALD G	, hereby resign as a MGR	
	ame of Person Resigning)	(Print Title)	
of this limited lial resignation in wr	· ·	nited liability company has been notified of my	
Signature of Resi	gning Member, Managing Memb	<u> </u>	S.
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	ISION OF CORPORATION PAINTS 3	CRE TRY OF THE