

L10000041858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200270043552

03/02/15--01026--010 **25.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 MAR - 2 PM 12:34

MAR 10 2015

T. CARTER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALIZES ONE LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Liza AMAR

(Contact Person)

Alizes ONE LLC

(Firm/Company)

20533 Biscayne blvd #946

(Address)

Miami, FL 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

Liza Amar

at (786) 487.0922

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$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



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAR -2 PM 12: 34

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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: ALIZES ONE LLC

2. The Florida document/registration number assigned to this limited liability company is:
L10000041858

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02/24/2015

4. I, LIZA AMAR, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

A handwritten signature in black ink, appearing to be "Liza Amar", is written over a horizontal line.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)