

L16 0000 75751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

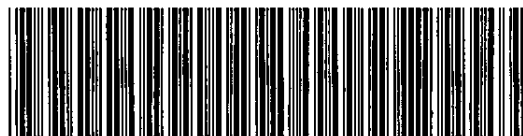
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 10 2016

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALCARO JOINT VENTURE 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:

DONALD DAVID WALKOWIAK

(Contact Person)

DON DAVID & ASSOCIATES, INC

(Firm/Company)

P O BOX 340108

(Address)

TAMPA, FL 33694

(City/State and Zip Code)

For further information concerning this matter, please call:

DONALD D WALKOWIAK

813

264-1674

at ()

(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



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: ALCARO JOINT VENTURE LLC

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

L10000075751

3. The date this member/manager withdrew/resigned or will withdraw/resign is: APRIL 11, 2016

4. I, DON DAVID & ASSOCIATES, INC, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER

(Print Title)

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

DON DAVID & ASSOCIATES, INC., MANAGER
BY [Signature] , PRESIDENT

Signature of Dissociating Member or Resigning Manager

16 MAY - 9 AM 7:03
RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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