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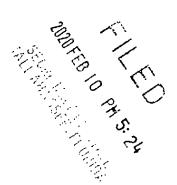
COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ALTECHNICAL 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:
Lindsey McKeowin
Self (Firm/Company)
2230 Nursery Rd Apt Flos
Clearwater, FL 33764 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (727) 418-7626 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 \text{Filing Fee} \\$55 \text{Filing Fee} & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive/Center Circle Tallahassee, 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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is: Al	Technical LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L1000	00111205
3. The date this mer	mber/manager withdrew/resigned or will withdraw/resign is: 11 01 2018
4. I, LIVSEY	Mcketun, hereby withdraw/resign as a sme of Person Resigning)
former of	File Manager Print Title)
of this limited liab resignation in writ	ility company and affirm the limited liability company has been notified of my ing.
Signature of Dis	sociating Member or Resigning Manager
_	\$25.00 (Required) \$30.00 (Ontional)
Certified Copy:	\$30.00 (Optional)