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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phon	e #)
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B. KOHR
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EXAMINER



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COVER LETTER

Tallahassec, FL 32314

TO: Amendment Section Division of Corporations	
SUBJECT: Alice Name of	Flamingo, LLC
DOCUMENT NUMBER:	• • •
The enclosed Resignation of Registered Agriculture for filing.	ent for a Limited Liability Company and fee are submitted
Please return all correspondence concerning	-
Marina Barturen, Esquire Name of Person	THE ROLL OF THE PARTY OF THE PA
The Law Offices of Marina Bar Name of Firm/Company	rturen 22
100 SE 2nd Street, Suite 26	nturen Silo Silo Silo Silo Silo Silo Silo Silo
Miami, Florida 33131 City/State and Zip Code	
barturenlaw@yahoo.com E-mail address: (to be used for future annual re	n cport notification)
For further information concerning this mat	•
Marina Barturen, Esquire Name of Person	at (305) 423-3500 Area Code & Daytime Telephone Number
Enclosed is a check made payable to the Fle liability company or \$25.00 for an administ limited liability company.	orida Department of State for \$85.00 for an active limited tratively dissolved, voluntarily dissolved or withdrawn
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
I IO I DON OJA!	CHIOI DUIGING

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 608.416(2) or 608.509, Fl	orida Statutes, the undersigned	· FE CO
	Giorgio Picinelli	, hereby resigns as	
	Name of Registered Agent	t notedy tesigns as	22
Registered Agent for _	Alice Fla	amingo, LLC	Series 3
			200
,	Name of Limited Liability Comp	any	RIDA RIDA
L1100	00078682		
Document 1	lumber, if known		
	ion was mailed to the above listed limited and the office discontinued on the 31 Signature of Resignature	st day after the date on which the	
If signing on behalf of	an entity:		
	Giorgio Picine	li	
	Typed or Printed Nam	ıc	
	Cupacity	*,*,*,	

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314