

**L11000089788**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

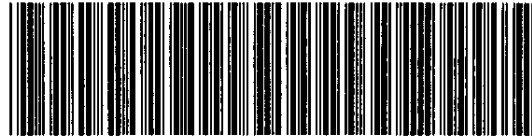
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/07/16--01020--010 \*\*165.00

2016 SEP -7 P 6:11  
TALLAHASSEE, FLORIDA

**FILED**

2016 SEP -6 PM 12:58  
TALLAHASSEE, FLORIDA

SEP 06 2016

J. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Infinity Residential Leasing Company 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:

Kay Cubendo  
(Contact Person)

do Allerand Capital  
(Firm/Company)

675 Indiantown Rd; Suite 103  
(Address)

Jupiter, FL 33458  
(City/State and Zip Code)

For further information concerning this matter, please call:

Richard Sahell at ( 561 ) 427-6565  
(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

2016 SEP - 7 P M  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA  
FILED



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: Infinity Residential Leasing LLC

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

L11000089788

3. The date this member/manager withdrew/resigned ~~or will withdraw/resign~~ is: 8/30/16

4. I, Alberand Capital, LLC, hereby withdraw/resign as a

(Print Name of Person Resigning)

Member / Manager

(Print Title)

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

ALBERAND CAPITAL, LLC

By [Signature], manager

Signature of Dissociating Member or Resigning Manager

FILED  
2016 SEP - 7 P 6:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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