

U1000143435

(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



200277535142

09/29/15--01022--013 **85.00

FILED
15 SEP 29 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 01 2015

S. YOUNG



September 17, 2015

RE: ALATKA HOLDINGS, LLC (FL. DOM.)

*Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301*

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporation. Also enclosed is 1 check in the amount of \$85.00 to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self-addressed envelope.

Very truly yours,

NRAI SERVICES, INC.

Theresa Alfieri

*Theresa Alfieri
Senior Supervisor &
Assistant Secretary
(212)894-8516*

*TA/hm
Enclosure*

FILED
15 SEP 29 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALATKA HOLDINGS, LLC (FL. DOM.)
Name of Limited Liability Company

DOCUMENT NUMBER: L11000143435

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

THERESA ALFIERI

Name of Person

NRAI SERVICES, INC.

Name of Firm/Company

111 EIGHTH AVENUE 13TH FLOOR

Address

NEW YORK, NY 10011

City/State and Zip Code

Theresa.Alfieri@Wolterskluwer.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THERESA ALFIERI

Name of Person

at (212) 894-8516

Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (12/13)

FILED
15 SEP 29 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

NRAI Services, Inc. _____, hereby resigns as
Name of Registered Agent

Registered Agent for ALATKA HOLDINGS, LLC (FL. DOM.)

Name of Limited Liability Company

L11000143435

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

NRAI Services, Inc.

By: _____

Signature of Resigning Agent

If signing on behalf of an entity:

NRAI SERVICES INC. - Theresa Alfieri

Typed or Printed Name

Assistant Secretary

Capacity

FILING FEES:

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

FILED
15 SEP 29 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

INHS17 (12/13)

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALATKA HOLDINGS, LLC (FL. DOM.)
Name of Limited Liability Company

DOCUMENT NUMBER: L11000143435

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

THERESA ALFIERI
Name of Person

NRAI SERVICES, INC.
Name of Firm/Company

111 EIGHTH AVENUE 13TH FLOOR
Address

NEW YORK, NY 10011
City/State and Zip Code

Theresa.Alfieri@Wolterskluwer.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THERESA ALFIERI at (212) 894-8516
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (12/13)

FILED
15 SEP 29 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA