

211000143435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

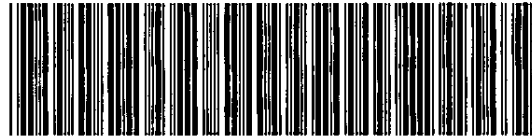
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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MAY 15 2018

MALARET LAW FIRM, PLC

Pedro J. Malaret, Esquire

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Orlando, FL 32802
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Facsimile (407) 898-8768
Pedro@malaretlawfirm.com

May 7, 2018

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

RE: Alarka Holding, LLC.
Doc #: L11000143435

Dear Sir or Madam,

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

Should you have any questions or concerns, please feel free to contact me.

Respectfully,



Pedro J. Malaret, Esq.

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

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

PEDRO MALARET, ESQ

, hereby resigns as

Name of Registered Agent

Registered Agent for **ALATKA HOLDINGS, LLC**

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.


Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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withdrawn limited liability company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

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TALLAHASSEE, FLORIDA