#1/2000034943

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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SERVICE OF STATE

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K.SALY EXAMINER FEB -7 2013

COVER LETTER

Registration Section Division of Corporations

TO:

CR2E079 (5/06)

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The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning the	is matter to:
Anthony Lee	2
Aleka Investor	cento, 1 LLC
11080 SW 23-d	Street
Davie FL Z (City/State and Zip Code)	33324
For further information concerning this matter,	please call:
Anthony Lee a (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t 2 \$25 Filing Fee	he Florida Department of State for: \$\square\$ \$\\$55 \text{Filing Fee &}\$\$ Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314



FILED

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LUNETANT OF STATE
TAKLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: Aleka Fnyestments, 1 LLC
2. This limited liability company was organized under the laws of:
<u>Florida</u>
3. The Florida document/registration number of this limited liability company is:
L12000034943
4. I, Mealanie Heaven, hereby resign as a MARM
(Print Name of Person Resigning), hereby resign as a (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.
Signature of Resigning Member, Managing Member or Manager
Eiling Foot
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)