112000050725

(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:				
J. HORNE MAR 16 2022				

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COVER LETTER

TO: Reg	gistration Section				
Div	vision of Corporations				
SUBJECT	Genesis Alliance Group, LLC				
		(Name of Limited Liability Company)			
The enclos	sed member, resignation or dis-	sociation and fee(s) are submitted for filing.		
Please retu	ım all correspondence concern	ing this matter to	:		
Christopher	Ventrice				
	(Contact Person)		_		
Genesis Alli	nance Group, LLC	•			
	(Firm/Company)		_		
1777 Blount	Road # 510				
	(Address)		_		
Pompano Be	each FL 33069				
	(City/State and Zip Code)		_		
For further	information concerning this n	natter, please call:	:		
Christopher	Ventrice	954 at (973-9694		
	(Name of Contact Person)	(Area Code	e & Daytime Telephone Number)		
Enclosed p	lease find a check made payab	ole to the Florida l	Department of State for:		
■ \$25 Fili			g Fee & Certified Copy		
	iling Address:		Street Address:		
•	gistration Section		Registration Section		
	vision of Corporations D. Box 6327		Division of Corporations The Centre of Tallahassee		
	lahassee, FL 32314		2415 N. Monroe Street, Suite 810		
rai	imido300, 1 12 1/20 14		Tallahassee. FL 32303		



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FRO FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company as it sis Alliance Group, LLC	appears on the records of the Florida Desurtment
2. The Florida doc L12000050725	ument/registration number assig	gned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigr	ned or will withdraw/resign is:
4. I, Michael V Seller	rs.	, hereby withdraw/resign as a
Secretary		
	(Print Title)	
of this limited lia resignation in wr		imited liability company has been notified of my
Signature of D	issociating Member or Resignir	ng Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	