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(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:	(Requestor's Name)
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

OCT 22 2014 T. CARTER

LIC MMGR Resign

COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: Alakay 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:
Travis Hunter (Contact Person)
Alakay, LLC (Firm/Company)
7129 W. Smoothbore Ave
Glen St Mary FL 32040 (City/State and Zip Code)
For further information concerning this matter, please call:
Travis Hunter at (386) 288-6943 (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 \$\square\$\$\$ \$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

CR2E079 (2/14)



SECRETARY OF STATE TALLAHASSEE, FLORIDA 14 OCT 10 PM 12: 45

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 li	mited liability company as it appears on the records of the Florida Department
of State is:	Alakay, LLC
2. The Florida docur	nent/registration number assigned to this limited liability company is:
L13000	<u>015822</u>
3. The date this men	aber/manager withdrew/resigned or will withdraw/resign is: 18/7/2014
4.1. <u>Glenn</u>	hereby withdraw/resign as a me of Person Resigning).
<u>MGRM</u>	Print Title)
of this limited liabi	lity company and affirm the limited liability company has been notified of my ing.
Alema	1 Stunte
Signature of Dis	sociating Member or Resigning Manager
Filing Fee: Certified Copy:	
certified Copy.	