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COVER LETTER

Division of Corporations				
SUBJECT: ALLIANCE ENERGY MARKETING, 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:				
Anna Fiorentino (Contact Person)				
(Firm/Company)				
1027 Dogwood Dr. S. T.				
Dunedin FL. 34698 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Anna Fiorentino at (352) 208-9355 (Name of Contact Person) (Area Code & Daytime Telephone Number)				
Enclosed please find a check made payable to the Florida Department of State for: \$\sigma\$ \$25 Filing Fee & Certified Copy				

STREET/COURIER ADDRESS:

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

TO: Registration Section

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



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	imited liability company as it app	pears on the records of the FI	orida Department
of State is: A	LIANCE ENERGY	MARKETING, C	LLC.
2. The Florida docu	ment/registration number assigne	d to this limited liability con	npany is:
_413000	5118732	,	
3. The date this mer	nber/manager withdrew/resigned	or will withdraw/resign is: _	9/28/2015
4. I, Anna (Print No.	Fiorentino, ume of Person Resigning)	, hereby withdraw/resign as a	ı
<u> </u>	RM Print Title)		
of this limited liab	ility company and affirm the limi	ted liability company has be	en notified of my
and the second	Locata		NATE OF
Signature of Dis	sociating Member or Resigning N		FILL OT -2 TARY C NASSEE
•	\$25.00 (Required) \$30.00 (Optional)		PH S: I