

L140015623S

Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : SUPERBIZ.COM, INC.
Account Number : 120070000160
Phone : (800)491-3124
Fax Number : (305)575-2811

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Email Address: _____

LLC REGISTERED AGENT RESIGNATION
ALMA 2014 LLC

Certificate of Status	0
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D. SCOTT
NOV 8 2017

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TALLAHASSEE, FLORIDA
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**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

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

SUPERBIZ REGISTERED AGENT, INC.

, hereby resigns as

Name of Registered Agent

Registered Agent for ALMA 2014 LLC

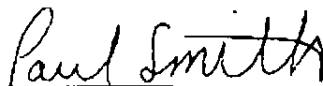
Name of Limited Liability Company

L14000158235

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:

PAUL SMITH

Typed or Printed Name

PRESIDENT

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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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