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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

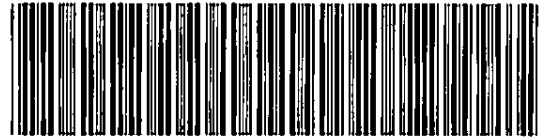
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALLIANCE FLORIDA INVESTMENT 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:

KATHLEEN H. YANEVICH
(Contact Person)

KATHLEEN H. YANEVICH CPA LLC
(Firm/Company)

2004 72ND STREET NW
(Address)

BRADENTON FL 34209-9702
(City/State and Zip Code)

For further information concerning this matter, please call:

KATHLEEN H. YANEVICH at (941) 251-6000
(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

☐ \$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