

L15000034945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

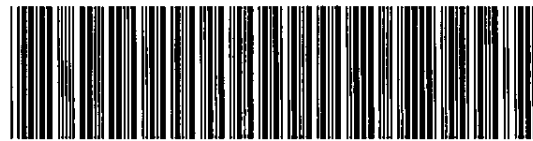
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300292298923

11/15/16--01027--018 \*\*55.00

FILED

2016 NOV 15 P 1:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

NOV 16 2016

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Alexakis Investments, 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:

Billy Wetherington

(Contact Person)

Billy Wetherington

(Firm/Company)

2250 Gulf Gate Drive, Suite C

(Address)

Sarasota, FL 34231

(City/State and Zip Code)

For further information concerning this matter, please call:

Billy Wetherington

(Name of Contact Person)

at ( 941 ) 929-0000  
(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

2016 NOV 15 P 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



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 limited liability company as it appears on the records of the Florida Department of State is: Alexakis Investments, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L15000034945

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11-10-16

4. I, Michail Alexakis, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGR

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

**FILED**  
2016 NOV 15 P 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA