

L150000 97928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

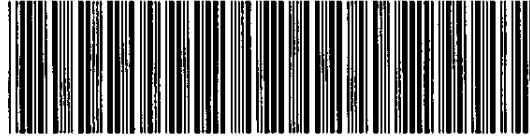
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 JUN 25 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06/25/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alpha Supply Group 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:

Kevin L Myers
(Contact Person)

(Firm/Company)

524 Oakway
(Address)

Sanford FL 32773
(City/State and Zip Code)

For further information concerning this matter, please call:

Kevin Myers at (407) 312-4204
(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



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: Alpha Supply Group LLC

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

L15000097928

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6-10-15

4. I, Kevin L Myers, hereby withdraw/resign as a
(Print Name of Person Resigning)

Managing Member
(Print Title)

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

Kevin L Myers
Signature of Dissociating Member or Resigning Manager

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

FILED
15 JUN 25 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA