115000 110 170

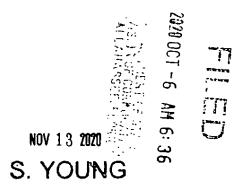
| (Re | equestor's Name) | | | | |
|---|--------------------|-------------|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (Cit | ty/State/Zip/Phone | e#) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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| | | | | | |
| | | | | | |

Office Use Only



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COVER LETTER

| _ | stration Section sion of Corporations | | |
|------------------------|---|--|--|
| SUBJECT: | ALAMI BROTHERS LLC | | |
| oomicer. | (Name of L | imited Liability Co | mpany) |
| The enclosed | d member, resignation or disse | ociation and fee(| s) are submitted for filing. |
| Please return | all correspondence concerni | ng this matter to: | |
| ROLAND H. A | ACOSTA, ESQ. | | |
| | (Contact Person) | | _ |
| ACOSTA, MC | OORE & SHRADER, PLLC | | |
| | (Firm/Company) | | _ |
| 1085 W MORS | SE BLVD STE 210 | | |
| | (Address) | | - |
| WINTER PAR | 2K, FL 32789 | | |
| | (City/State and Zip Code) | <u>. </u> | _ |
| For further in | nformation concerning this m | atter, please call: | |
| ROLAND H. A | ACOSTA, ESQ. | 407 at (| 644-2531 |
| (N | lame of Contact Person) | (Area Code | & Daytime Telephone Number) |
| Enclosed ple | ease find a check made payabl g Fee | | Department of State for: g Fee & Certified Copy |
| Regis Divis P.O. | ng Address: stration Section sion of Corporations Box 6327 hassee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 |
| | | | Tallahassee, FL 32303 |

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)

| | limited liability company as | s it appears on the records of t | he Florida Department | |
|--|--|-----------------------------------|-----------------------|--|
| 2. The Florida doc L15000110770 | ument/registration number as | ssigned to this limited liability | company is: | |
| | ember/manager withdrew/res | igned or will withdraw/resign | 07/01/2020 i is: | |
| 4. I, (Print Name of Person Resigning) | | | | |
| Authorized Mem | | | | |
| | (Print Title) | . 155 | la companie de Comp | |
| resignation in wr | | le limited liability company ha | | |
| | \$25.00 (Required) \$30.00 (Optional) | | 2020 OCT -6 AM 6 | |