

L16 000000 2199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

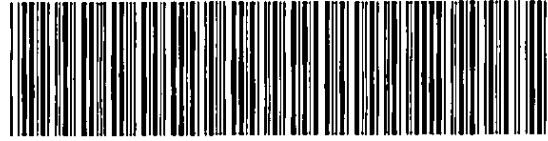
(Business Entity Name)

(Document Number)

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2023 MAY -3 PM 5:54  
S. J. ...

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALEXANDRIA 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:

GERARDO MACHADO

\_\_\_\_\_  
(Contact Person)

ALEXANDRIA INVESTMENT LLC

\_\_\_\_\_  
(Firm/Company)

1701 WEST 37 STREETBAY 9

\_\_\_\_\_  
(Address)

HIALEAH, FL 33012

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

GERARDO MACHADO

954

775-7940

at ( )

\_\_\_\_\_  
(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

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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: ALEXANDRIA INVESTMENT LLC

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

L16000002199

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/31/2023

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

MANAGER  
*(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

FILED  
2023 FEB -3 PM 5:30  
TALLAHASSEE, FLORIDA

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