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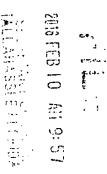
(Requestor's Name)			
(Address)	6002818		
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(City/State/Zip/Phone #)	02/10/160		
(Business Entity Name)			
(Document Number)			
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Alchery Properties, UC (Name of Limited Liability C	Company)
The enclosed member, resignation or dissociation and fee	e(s) are submitted for filing.
Please return all correspondence concerning this matter to	o:
Jensifer Levin (Contact Person)	
Alcheny Roperters UC (Firm/Company)	
(Address)	<u></u>
Ponte Vedra DU 3208) (City/State and Zip Code)	
For further information concerning this matter, please cal	11:
Name of Contact Person) at (904)) 524-6114 de & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee \$55 Filing	Department of State for: ng Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



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 compar	ny as it appears	on the records of	the Florida D	epartn	nent
of State is:	for da Al	chemy	Properti	es,ll(ا 	<u></u> .
2. The Florida docu	ument/registration numb	per assigned to	his limited liabili	ity company is	i :	
L160000	14476					
3. The date this me	ember/manager withdrev	v/resigned or w	ill withdraw/resig	gn is: <u>1/21</u>	116	
	CARTEK Name of Person Resigning)		by withdraw/resi	gn as a		
Managing	Member (AM)	BIO				
of this limited lia resignation in wr	bility company and affiriting.	rm the limited l	ability company	has been notif	ied of	my
Theled	Ad			_		
	issociating Member or F		ger	> (1)	- C	utter r
•	\$25.00 (Required) \$30.00 (Optional)			HASSEE FLA	EB 10 AM 9:	er in
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