

L16000172314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

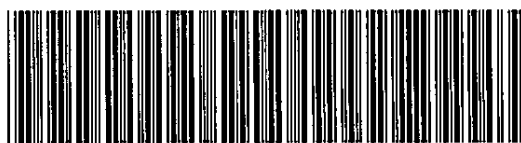
(Business Entity Name)

(Document Number)

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

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JAN 30 2017  
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TALLAHASSEE, FLORIDA  
17 JAN 27 AM 1:28

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Allando 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:

Allan Nemorin  
(Contact Person)

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

1590 NE 43<sup>rd</sup> Court  
(Address)

Pompano Beach FL 33064  
(City/State and Zip Code)

For further information concerning this matter, please call:

Allan Nemorin at (954) 775 7845  
(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

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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: Allando LLC

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

L16000172314

3. The date this member/manager withdrew/resigned or will withdraw/resign is: January 23<sup>rd</sup>, 2017

4. I, Allan Nemorin, 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.

Allan Nemorin  
Signature of Dissociating Member or Resigning Manager

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

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