

46 000 190 914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

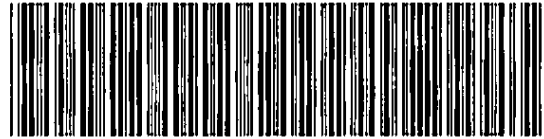
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2021 OCT 22 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

2024 SEP 29 AM 11:00

SUBJECT: alpha systems old world tile
(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:

anthony casesa

(Contact Person)

alpha systems old world tile

(Firm/Company)

3484 dandole circle

(Address)

cape coral , Florida 33909

(City/State and Zip Code)

For further information concerning this matter, please call:

anthony casesa

516 943-1506
at ()
(Area Code & Daytime Telephone Number)

(Name of Contact Person)

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: alpha systems old world tile

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

116000190914

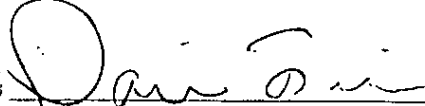
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/01/2021

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

assistant manager

(Print Title)

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

x 

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)

RECEIVED
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